



CiOX Health
925 North Point Parkway
Suite 350
Alpharetta, GA 30005

BUSINESS RECORDS CERTIFICATION

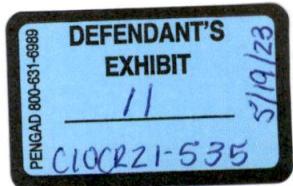
I, Allison Wile, as a copy representative employed by CiOX Health, the health information management service used by Frederick Health Hospital, hereby certify that the enclosed photographic copy of the patient, Alicia Popovich records have been compared with the original medical records and is an accurate duplicate of such records.

- A. The attached records are made at or near the time of the occurrence of the matters set forth in the documents.
- B. The attached records were made by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters.
- C. The attached records were made and kept in the course of regularly conducted business activity.
- D. The attached records were made and kept by the business as a regular practice.

Page Count 159

Date 08/10/2021

Allison Wile
Electronic Signature of CiOX Health Representative





Popovich, Alicia Marie
Account# A089774276
Medical Rec# M0853788
Service/Admit Date
Birthdate 01/11/1993
F PRE ER 28



FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

ASSIGNMENT OF BENEFITS

I authorize payment directly to Frederick Health Hospital (FHH) of the health insurance benefits payable in connection with any Frederick Health Hospital patient services, but not to exceed the balance due of the provider's regular charges for Inpatient hospitalization or Outpatient services.

ASIGNACIÓN DE BENEFICIOS

Autorizo el pago directo al Hospital Frederick Health de los beneficios del Seguro Médico relacionados con cualquier servicio que se me haya suministrado como paciente del Hospital Frederick Health, pero que no exceda el saldo a pagarse del cobro regular del proveedor, ya sea como un paciente internado o paciente ambulante.

FINANCIAL AGREEMENT

I agree that in consideration of the services to be rendered to the patient, I will pay the outstanding amount in accordance with the applicable rates and terms. In addition, I acknowledge if the hospital, or hospital owned offsite location, is not under contract with my insurer or payor, the bill may be applied to my out of network benefits, in which case I will be responsible for deductibles and/or coinsurance payments. Should the account be referred to an attorney for collection, I will pay reasonable attorney's fees and/or collections expense. PRE-CERTIFICATION - If pre-certification is required and not obtained by the physician or myself, I understand that I am responsible for the bill.

I understand that I may be contacted by Frederick Health, Inc. and/or its affiliates on my cellular or home phone, which may include the use of pre-recorded/artificial voice messages, and/or an automated dialing device (auto dialer) or by text message or email in connection with any communication made to me or related to my accounts even if I am charged for the call under my phone plan. I understand that providing my phone number is not required to obtain services. You may also contact me by e-mail using any e-mail address I have provided to you.

ACUERDO FINANCIERO

Estoy de acuerdo que por el servicio que se me otorgue como paciente, pagaré cualquier saldo que se deba de acuerdo con los costos aplicables y los términos. Además, si el hospital u otros locales pertenecientes al hospital no están contratados por mi compañía de seguro médico / pagador, la cuenta puede aplicarse a otro sistema de beneficios, en cuyo caso yo seré responsable por el dinero deducible y/o co-pagos del seguro. Si el cobro llegara a ser referido a un abogado para la recaudación de fondos, yo pagaré cualquier cobro razonable del abogado y los gastos del proceso de esta recaudación.

PRE-CERTIFICACIÓN - Si se requiere una Pre-Certificación y no es obtenida por el doctor o por mí mismo, entiendo que yo seré responsable por el pago de la cuenta.

Entiendo que pueda ser que sea contactado por el Frederick Health, Inc. y/o sus afiliados por medio de mi teléfono celular o de casa, ya sea por un mensaje grabado/artificial, y/o por un servicio de sistema automatizado, o por mensaje de texto o correo electrónico, en conexión con cualquier comunicación conmigo o relacionada con mis cuentas, aun si se me cobra por la llamada de acuerdo a mi plan de servicio telefónico. Entiendo que el proveer mi número de teléfono no es requerido para la obtención de servicios. También se me puede contactar por medio de correo electrónico, usando la dirección de correo electrónico que les he provisto.

ADMINISTRATIVE CONSENT

I acknowledge that providers furnishing services to me in the hospital, or a hospital owned offsite location, including, but not limited to, Radiologists, Cardiologists, Pathologists, Anesthesiologists, Neonatologists, Hospitalists, Intensivists, Obstetricians, Perinatologists, Nurse Midwives, Nurse Practitioners, Physicians Assistants, Nurse Anesthetist, The Advanced Skin and Wound Care Center and Emergency Department (collectively referred to as providers) are independent contractors and are not employees or agents of Frederick Health Hospital (FHH) and that FHH is not liable for their actions.

These providers bill separately for their services, consultations, and interpretations; and may not participate with my insurance coverage. I hereby authorize the hospital or the billing agent of the providers to apply for benefits on my behalf for covered services needed. I understand that I am personally responsible to the Hospital and all treating providers for balances for which I am liable under my insurance coverage or, in the absence of coverage, the full charge. Any charges quoted are an estimate of Hospital fees for the care that is anticipated in advance. The cost of procedures will vary depending upon what is ordered.

AUTORIZACIÓN ADMINISTRATIVA

Reconozco que los proveedores que me brindan servicios en el hospital o en un lugar fuera del sitio o propiedad del hospital, incluidos, entre otros, radiólogos, cardiólogos, patólogos, anestesiólogos, neonatólogos, hospitalistas, intensivistas, obstetras, perinatólogos, enfermeras parteras, enfermeras practicantes, los asistentes médicos, el enfermero anestésico, el Centro de Cuidado Avanzado de Piel y Lesiones y la Sala de Emergencias (denominados colectivamente como proveedores) son contratistas independientes y no son empleados ni agentes del Hospital Frederick Health (FHH) y FHH no es responsable por sus acciones.

Estos proveedores facturan por separado por sus servicios, consultas e interpretaciones; y pueden que no participen bajo mi cobertura de seguro. Por la presente autorizo al hospital o al agente de facturación de los proveedores a solicitar beneficios en mi nombre para los servicios cubiertos necesarios. Entiendo que soy personalmente responsable ante el Hospital y todos los proveedores de tratamiento por los saldos por los que soy responsable según mi cobertura de seguro o, en ausencia de cobertura, el cargo total. Los cargos indicados son una estimación de los honorarios del Hospital por la atención que se anticipa. El costo de los procedimientos varará según lo que se solicite.

I certify that I understand the contents of this form. Additions, deletions, or alterations to this printed form are invalid. A photocopy or facsimile of this document shall be valid as the original.

Declaro que entiendo el contenido de este documento. Cualquier adición, supresión o modificación en este documento será inválida. Una fotocopia o facsimile de este documento será considerado tan válido como el original.

Patient /Guardian/ Legal Guardian (seal)
Paciente / Garante / Tutor Legal (Sello)

Witness (seal)
Testigo (Sello)

Date
Fecha

Date
Fecha

Patient is/was unable to sign

Patient refused to sign

Initials
Iniciales

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Popovich, Alicia Marie
 Account # A089774276
 Medical Rec # M0853788
 Service/Admit Date
 Birthdate 01/11/1993
 PRE ER 28



FREDERICK HEALTH HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

VALUABLES AND PERSONAL PROPERTY

I understand that the liability of Frederick Health Hospital (FHH) for loss of any personal property (including money) that is deposited in the hospital safe for safekeeping and for which an official valuables receipt is issued, is limited to no more than five hundred (\$500) dollars. With respect to personal property not deposited in the hospital's safe and for which an official hospital valuables receipt has been issued, I hereby release and absolve Frederick Health Hospital from any and all liability whatsoever for any loss or damage which may occur, and I waive any and all rights to compensation for such losses as may occur to such personal property. I have been advised that valuables, money and personal property should be given to an accompanying relative or friend for return home.

The undersigned acknowledges that he/she has received a copy of the following:

ARTÍCULOS PERSONALES O DE VALOR

Entiendo que la responsabilidad del Sistema de Salud Frederick Health (FHH) por cualquier pérdida de artículo personal (incluso dinero en efectivo) que sea depositado dentro de la caja fuerte del FHH por la cual se le ha entregado una constancia o recibo, se limitará a no más de quinientos Dólares (\$500.00). Con respecto a los artículos personales no depositados en la caja fuerte del FHH pero con recibo del FHH que hayan sido dañados o perdidos, yo descargo al FHH de cualquier responsabilidad y renuncio cualquier derecho a reclamar compensación por dichas pérdidas que puedan ocurrir. Se me ha informado que cualquier artículo de valor, dinero, o propiedad personal deberá ser entregado a mi acompañante, amigo, o a mi familia para ser llevado a la casa.

El firmante indica que ha recibido una copia de lo siguiente:

FHH HIPAA Notice of Privacy Practices

Normas de Privacidad y Regulaciones de HIPAA del FHH

Date: 11/22/2019

Fecha: 11/22/2019

RELEASE OF INFORMATION AND MEDICAL / SURGICAL CONSENT

I understand that I am under the supervision of my attending and/or treating physicians. I consent to any medical or surgical treatment/exam, anesthesia or hospital services rendered to me under the general and special instructions of my physicians. I authorize Frederick Health Hospital to disclose all or any part of my medical records to any insurance company, third party payor, community service agency, nursing facility or to any representative or agent of such insurance company or third party payor for the purpose of obtaining payment or relevant to my continuum of care for the services provided to me. I intend this authorization and consent to apply to information relative to chemical dependency and/or mental health diagnosis and/or treatment, to the extent and only in such amount as is necessary to allow for the purpose described above.

PERMISO MÉDICO Y QUIRÚRGICO / PERMISO PARA DIVULGAR INFORMACIÓN

Entiendo que estoy bajo la supervisión de los doctores que me están atendiendo y/o suministrando tratamiento. Yo doy mi consentimiento para cualquier tratamiento médico o quirúrgico, examen, anestesia, o servicio en el hospital bajo las instrucciones generales o específicas de mis doctores. Autorizo al Hospital Frederick Health a divulgar por completo o parcialmente mis antecedentes médicos a cualquier compañía de seguros, tercer pagador, agencia de servicios comunitarios, centro de recuperación o a cualquier representante o agente de dicha compañía de seguros o tercer partido pagador con el propósito de obtener pago, o con relación a la continuación de los servicios suministrados a mi persona. Mi intención es que esta autorización y permiso se aplique también a información relacionada con la dependencia de sustancias químicas y/o diagnóstico y/o tratamiento de salud mental, solamente en el evento que sea necesario para permitir lo

MEDICARE CERTIFICATION AND AUTHORIZATION

I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any Holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. In addition, the undersigned acknowledges that he/she has received "An Important Message from Medicare" notice detailing my rights as a Medicare hospital patient.

CERTIFICACIÓN Y AUTORIZACIÓN PARA ASUNTOS DE MEDICARE

Certifico que la información que he dado al solicitar pago bajo el reglamento del Título XVIII del Acta del Seguro Social es correcta. Autorizo a cualquier entidad que tenga información sobre mí, ya sea médica u otra, y que sea relevante al reclamo para pago del Medicare, que la revele a la Administración del Seguro Social o a sus intermediarios. Solicito que los pagos de beneficios autorizados sean hechos a mi nombre. Además, firmo abajo acusando recibo de la carta con el Mensaje Importante de Medicare detallando mis derechos como paciente de

alipop73@aol.com
 Email
 el correo electrónico

AP
 Iniciales

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REG.CONSENT



FH.683a (04/10/2020)
 Page 1 of 2
 Página 1 de 2

PATIENT'S DEMOGRAPHICS

FREDERICK MEMORIAL HOSPITAL
400 WEST SEVENTH STREET
FREDERICK, MD. 21703

Patient Name Popovich,Alicia Marie

HIPPA Date 07/04/2021 Admit Date/Time Service Date/Time Discharge Date/Time
07/04/2021 05:25

----- REGISTRATION INFORMATION -----

Account #	A089774276	Admitting Phys				
Med Rec #	M0853788	Attending Phys				
Status/Type	REG ER	ED Physician	DeLauter,Daniel A	Primary Care Phys	PCP Unknown,	QDELAUTE
Room-Bed		Referring Phys		Family Physician		PCPUNKN
Location	NUR-Emergency Dept	Other Provider				
AdmitPriority	Emergency					
Visit Reason	Assult					
Comment	42s					

----- PATIENT INFORMATION -----

Patient Name	Popovich,Alicia Marie	Birthdate	01/11/1993	Age	28	Sex	F
Address	111 East South Street	Marital Status	Single				S
	Apt 302	Race	White/Caucasian				W
City/State/Zip	Frederick, MD 21701	Ethnicity	NOT HISP				
Primary Phone	(240)215-7307 Cell	Language	English				ENG
Secondary Phone		Religion	Christian				
Email	alipop73@aol.com						
Employer	Belleza Hair and Nails						
Occupation	receptionist/makeup artist						
		Employer Address	244 E Patrick Street				
		City/State/Zip	Frederick, MD 21701				

----- CONTACT TYPES INFORMATION -----

1st Contact Type	PTN	2nd Contact Type	NOK
Name	Popovich,Lauren	Name	Tomalewski,Darlene
Address	11326 Quailbridge Ct	Address	11326 Quailbridge Ct
City/State/Zip	Hagerstown, MD 2174	City/State/Zip	Hagerstown, MD 2174
Primary Phone	(301)606-7808 Cell	Primary Phone	(301)514-0218 Cell
Secondary Phone		Secondary Phone	
Tertiary Phone		Tertiary Phone	
Relationship	SIS	Relationship	M

----- INSURANCE INFORMATION -----

Primary Ins.	DOM-TRAUM	Secondary Ins.	SP
Policy #	01111993	Policy #	
Group #		Group #	
Auth #		Auth #	
Phone		Phone	
Address		Address	
City/State/Zip		City/State/Zip	
Subscriber	Popovich,Alicia Marie	Subscriber	
Phone		Phone	
Address		Address	
City/State/Zip		City/State/Zip	

----- GUARANTOR INFORMATION -----

Guarantor Name	Popovich,Alicia Marie	Employer Name	Belleza Hair and Nails
Address	111 East South Street	Occupation	receptionist/makeup artist
City/State/Zip	Frederick, MD 21701	Address	244 E Patrick Street
Relationship	S	City/State/Zip	Frederick, MD 21701
		Phone	(301)668-2022

----- OCCURRENCE/ACCIDENT INFORMATION -----

OccurrenceName Onset of Symptoms/Illness
OccurrenceDate 07/04/2021
ArrivedMode Law Enforcement

PATIENT'S DEMOGRAPHICS

FREDERICK MEMORIAL HOSPITAL
400 WEST SEVENTH STREET
FREDERICK, MD. 21703

Patient Name Popovich,Alicia Marie

HIPPA Date	07/04/2021	Admit Date/ Time	Service Date/ Time	Discharge Date/ Time
			07/04/2021 05:25	07/04/2021 13:19

----- REGISTRATION INFORMATION -----

Account #	A089774276	Admitting Phys
Med Rec #	M0653788	Attending Phys
Status/Type	DEP ER	ED Physician Delauter,Daniel A
Room-Bed		Primary Care Phys PCP Unknown,
Location	NUR-Emergency Dept	Referring Phys
AdmitPriority	Emergency	Family Physician
Visit Reason	Assult	Other Provider
Comment	42s	

----- PATIENT INFORMATION -----

Patient Name	Popovich,Alicia Marie	Birthdate	01/11/1993	Age	28	Sex	F
Address	111 East South Street	Marital Status	Single			S	
	Apt 302	Race	White/Caucasian			W	
City/State/Zip	Frederick, MD 21701	Ethnicity	NOT HISP				
Primary Phone	(240)215-7307 Cell	Language	English			ENG	
Secondary Phone		Religion	Christian				
Email	alipop73@aol.com						
Employer	Belleza Hair and Nails	Employer Address	244 E Patrick Street				
Occupation	receptionist/makeup artist	City/State/Zip	Frederick, MD 21701				

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Primary Phone	(301)606-7808 Cell	Primary Phone	(301)514-0218 Cell
Secondary Phone		Secondary Phone	
Tertiary Phone		Tertiary Phone	
Relationship	SIS	Relationship	M

----- INSURANCE INFORMATION -----

Primary Ins.	DOH-TRAUM	Secondary Ins.	SP
Policy #	178741529	Policy #	
Group #		Group #	
Auth #		Auth #	
Phone		Phone	
Address		Address	
City/State/Zip		City/State/Zip	
Subscriber	Popovich,Alicia Marie	Subscriber	
Phone		Phone	
Address		Address	
City/State/Zip		City/State/Zip	

----- GUARANTOR INFORMATION -----

Guarantor Name	Popovich,Alicia Marie	Employer Name	Belleza Hair and Nails
Address	111 East South Street	Occupation	receptionist/makeup artist
City/State/Zip	Frederick, MD 21701	Address	244 E Patrick Street
Relationship	S	City/State/Zip	Frederick, MD 21701
		Phone	(301)668-2022

----- OCCURRENCE/ACCIDENT INFORMATION -----

OccurrenceName Onset of Symptoms/Illness
 OccurrenceDate 07/04/2021
 ArrivedMode Law Enforcement



Coding Summary

Page: 1
Date: 07/16/2021 11:21
User: Ringgold,Antoinette

NAME: Popovich,Alicia Marie
ADM DATE: 07/04/2021
ATTEND PHYS: Delauter,Daniel A
DIS DATE: 07/04/2021
DISCH DISP: Home / Self Care
LOS: 1
PT CLASS: Non-Medicare Emergency
ER PHYS: Delauter,Daniel A

ACCT #: A089774276
UNIT #: M0853788
SEX: F
AGE:
DOB: 01/11/1993
FIN CLASS: All Other
ABS STATUS: Final

DIAGNOSES:**ADMIT:****POA**

PRINC: T76.21XA Adult sexual abuse, suspected, initial encounter
SECOND: H57.89 Other specified disorders of eye and adnexa
S10.93XA Contusion of unspecified part of neck, initial encounter
Z30.012 Encounter for prescription of emergency contraception E
Y04.0XXA Assault by unarmed brawl or fight, initial encounter
Z32.02 Encounter for pregnancy test, result negative
M79.9 Soft tissue disorder, unspecified

OPERATIONS:**CPT CODES:****CMS DRG:**

STD-LOS: **STATUS**

APR DRG:

SOI:
ROM:

CODER: Ringgold,Antoinette



Patient: Alicia Marie Popovich
Acct Name: 2009774276
Med Rec Num: M0853786
Location: ER-Emergency Dept
Primary Provider: Deluster, Daniel R
Date: 07/04/2021

Patient Visit Information

You were seen today for:

Assault

Patient Instructions:

Received with this packet on 07/04/2021 at 12:53
Follow-Up Instructions-Child Sexual/Abuse/Assault
HIV Testing Information Sheet

Activity Restrictions or Additional Instructions:

Please follow-up as directed by the safe nurse.

Return here for any new or worsening symptoms.

Follow-Ups:

Alicia Marie Popovich has been referred to the following clinics/specialists for follow-up care:

1. PCP Unknown Date:

Discharge Instructions Regarding Test Results

Name: Popovich, Alicia Marie
Admit Date:

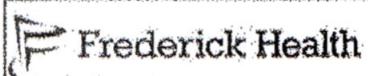
Acct #: A083774276
MR #: M0853788

The following tests are not yet completed:

Please keep in mind some of your results may take up to a week before they are available.

Start Dt/Tm	Test Name
07/04/2021 08:26	TRICOMYX ANTIBODY

FMH will notify you if any of these results are abnormal. You may also check the FMH CareTrack Portal or contact your doctor for this information. You can also request your results from Medical Records.



Discharge Care Plan

Page: 1

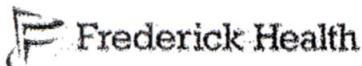
Date: 07/04/2021 12:53

Name: Popovich, Klicia Marie

Admit Date:

Acct. #: AD89774276

MR #: M0053788



PATIENT: Alicia Marie Popovich
Acct Name: 2089774276
Med Rec: 80463788
Location: NUR-Emergency Dept
Primary Provider: Delauter, Daniel A
Date: 07/04/2021

Follow-Up Instructions-Child Sexual/Abuse/Assault

Your child was examined for possible sexual assault/abuse. A negative or normal examination does NOT eliminate the possibility of assault or abuse. If not already discussed with you at your child's visit, you may need to arrange to take your child for a forensic interview. This can be done at the Frederick County Child Advocacy Center. You can call them at 301-600-1758 to schedule your interview. If you are not able to reach them, you can leave a message on their voice mail and they will return your call.

Follow-up care may be done by your private physician, by the Emergency Department, or by the following Physician if you do not have a private physician. Please call your primary care Physician prior to scheduling any office visits to other medical specialists. Many insurance plans require pre-approval prior to non-emergent referrals.

Care may also be done at the Frederick Health Department (301) 694-1029 for HIV testing/counseling and STD follow-up

Other information: You were given information on Victim's Compensation.

Frederick County Child Advocacy Center 301-600-1758

Heartley House Phone: 301-662-8800

Crisis Nurse: _____

Emergency Room Physician's Name: _____

Examiner's Name: _____ Phone: _____

Police Officer's Name: _____ Phone: _____

I ACKNOWLEDGE RECEIPT OF A COPY OF AND UNDERSTAND THESE INSTRUCTIONS. I UNDERSTAND IT IS MY RESPONSIBILITY TO OBTAIN FOLLOWUP CARE AND TREATMENT. IF I FAIL TO DO SO, I WILL NOT HOLD THE HOSPITAL RESPONSIBLE.

DATE: _____ TIME: _____ WITNESS: _____

SIGNATURE: _____ RELATIONSHIP: _____

Patient: Alicia Marie Popovich
Acct Num: 2009774276
Bed Rec Date: 10/05/2006
Location: M10-Emergency Dept.
Primary Provider: Mihalevich, Daniel A
Date: 07/04/2006

HIV Testing Information Sheet

I understand the following information, which I have read or has been read to me:

- * Blood, or another body fluid or tissue sample, will be tested for human immunodeficiency virus (HIV) infection
- * Consent to be tested for HIV, the virus that causes AIDS, should be given FREELY
- * Results of this test, like all medical records, are confidential, but confidentiality cannot be guaranteed
- * If positive test results become known, an individual may experience discrimination from family or friends and at school or work.

What a NEGATIVE Result Means:

- * A negative test means that HIV infection has not been found at the time of the test.

What a POSITIVE Result Means:

- * A positive HIV test means that a person is infected with HIV and can transmit the virus by having sex, sharing needles, childbearing (from mother to child), breastfeeding, or donating organs, blood, plasma, tissue, or breast milk.
- * A positive HIV test DOES NOT mean a diagnosis of AIDS; other tests are needed.
- * A copy of the Department of Health and Mental Hygiene's publication "Information for HIV Infected Persons" will be provided.

What Will Happen if the Test is Positive:

- * A copy of the Department of Health and Mental Hygiene's publication "Information for HIV Infected Persons" will be provided.
- * The health department or my doctor will offer advice about services that are available;
- * Women who are pregnant or may become pregnant will be told of treatment options which may reduce the risk of transmitting HIV to the unborn child;
- * Information will be provided on how to keep from transmitting HIV infection;
- * My name will be reported to the health department for tests that indicate HIV infection. This includes, but is not limited to: HIV Antibody (Western blot), HIV Viral Load (RNA or DNA quantification), HIV viral sequencing or HIV p24 antigen tests;
- * My name will be reported to the health department if my doctor finds that I have AIDS;
- * I will be offered assistance in notifying referring my partners for services. If I refuse to notify my partners, a doctor may notify them or have a representative of the local health department do so. If a representative of the local health department notifies my partners, my name will not be used. Maryland law requires that when a local health department knows of my partners, it must refer them for care, support, and treatment.



Patient: Alicia Marie Popovich

Account: A089774276

Medical Record Number: M0853768

Please review the sections of this medication list carefully, and if you have any questions regarding your medications, contact your primary care physician.

Current medications to discuss with your Primary Care Provider (3)

1. bupropion HCl (Wellbutrin XL)

150 mg oral every day

Last Taken: Unknown

2. ibuprofen

800 mg by mouth three times a day as needed

PRN Reason: Pain

Last Taken: Unknown

#20 TABLET

3. methocarbamol

500 mg by mouth three times a day as needed

PRN Reason: Muscle Spasm

Last Taken: Unknown

#20 tab

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc.
28 F 01/11/1993

Loc: NUR-Emergency Dept

Med Rec Num: M0853788

Bed: -

Visit: A089774276

Attending:

Reg Date: 07/04/2021

Reason: Assult

** IF you have been prescribed an ANTIBIOTIC...Now what? **

If you were NOT prescribed an antibiotic, this is provided for your general information only.

What Made You Sick?

	Bacteria	Virus
What are they?	Bacteria can be found everywhere and can live outside the body's cells. Some bacteria are good and help with digestion, but some may cause infections.	Viruses are smaller than bacteria and require a living host to multiply. They invade cells and take over the cell machinery to produce more viruses.
Common Conditions	Strep throat, skin infection, urinary tract/kidney infection, blood infection, pneumonia	Common cold/runny nose, most coughs and bronchitis, sore throat (except strep), flu
Are antibiotics needed?	YES, antibiotics will kill the bacteria.	NO, antibiotics will not cure the infection or stop the spread of it. Relieve symptoms with over the counter medications, rest, and fluids.

You may experience SIDE EFFECTS from your antibiotics

- Rash
- Upset Stomach
- Soft stools, diarrhea

Be SMART about your antibiotic use

- Always take the full course of antibiotics prescribed even if you feel better to prevent the development of antibiotic resistance.
- Never save antibiotics for future illnesses or share with others to avoid inappropriate use and decrease the risk of *C. difficile* and other secondary infections.
- Do not take antibiotics just because you think you are getting sick.

Important questions to ASK your healthcare team

- What infection is this antibiotic treating?
- How long will I need to take this antibiotic?
- Is it safe to take this antibiotic with other medications or supplements?

Antibiotics are life-saving drugs and should be used properly. Talk to your healthcare team if you have any questions.

For more information about safe antibiotic use, visit www.cdc.gov/getsmart

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Popovich, Alicia Marie	Fac: Frederick Health Hospital, Inc.	Loc: NUR-Emergency Dept	Bed: -
28 F 01/11/1993		Med Rec Num: M0853788	Visit: A089774276

** Si se le ha recetado un ANTIBIÓTICO... ¿Y ahora qué? **

Si NO le recetaron un antibiótico, esto se proporciona solo para su información general.

¿Qué fue lo que lo enfermó?

	Bacteria	Virus
¿Qué son?	Las bacterias se encuentran en todos lados y pueden vivir afuera de las células del organismo. Ciertas bacterias son buenas y ayudan con la digestión, pero otras pueden ser la causa de infecciones.	Los virus son más pequeños que las bacterias y requieren un huésped para vivir y multiplicarse. Estos invaden las células y se apoderan del mecanismo de la célula para producir más virus.
Condiciones comunes	Faringitis estreptocócica, infección de la piel, infección del riñón o las vías urinarias, infección de la sangre, neumonía.	El resfriado común / nariz mocososa, la mayoría de las toses y bronquitis, dolor de garganta (excepto por el estreptococo), influenza (gripe).
¿Son necesarios los antibióticos?	Sí, los antibióticos matarán a las bacterias.	NO, los antibióticos no curarán la infección ni previenen la propagación. Los síntomas se pueden aliviar con medicamentos de venta libre, reposo y fluidos.

Puede ser que note EFECTOS SECUNDARIOS de los antibióticos que tome

- Ronchas
- Malestar estomacal
- Heces suaves o diarrea

Use sentido común acerca de su uso de antibióticos

- Siempre termine el curso completo del antibiótico recetado, aunque se sienta mejor, para prevenir el desarrollo de resistencia a los antibióticos.
- Nunca guarde los antibióticos para alguna enfermedad futura o compartirlos con otras personas. Esto evita el uso inapropiado y reduce el riesgo de adquirir el C. difficile y otras infecciones secundarias.
- No tome antibióticos solamente porque piensa que se está enfermando.

Preguntas importantes a hacerle a su equipo de cuidados médicos

- ¿Qué clase de infección está tratando este antibiótico?
- ¿Por cuánto tiempo tendré que tomar este antibiótico?
- ¿Es seguro tomar este antibiótico junto con otros medicamentos o suplementos?

Los antibióticos son medicamentos que salvan vidas y deberán ser usados debidamente. Hable con su equipo de cuidados médicos si tiene preguntas.

Para mayor información (en inglés) acerca del uso seguro de los antibióticos, favor visitar www.cdc.gov/getsmart

 Frederick Health	Prescription Notifications	Page: 1
Popovich, Alicia Marie		Date: 07/04/2021 12:53
Fac: Frederick Health Hospital Inc.	Loc: NUR-Emergency Dept	Bed: -
28 F 01/11/1993	Med Rec Num: M0883788	Visit: A089774276
Attending:		Reg Date: 07/04/2021
Reason: Assault		

===== Prescription Notifications =====

If your provider has electronically sent your prescriptions to your Pharmacy, you will receive a text message notification (provided you have provided FMH your mobile phone number).

How can you access the secure website?

1. Tap the link in the text message; then sign in by entering your **First Name** and **Date of birth**
2. If the information provided is correct, you will receive a second text message with a **4-digit code** which is required in order to gain access to the site.

In general, the following features are available in the text message:

- Information related to the pharmacy (name/address/phone)
- Information related to the new medication (drug name/strength/quantity)
- Educational material related to the medication
- Your copay or estimated out-of-pocket cost and available discounts/coupons
- Option to confirm the prescription pickup time at the pharmacy

NOTE: Some generic prescriptions can be prepaid online in order to lower the out-of-pocket cost. If you choose to prepay, you can complete the checkout by entering a valid email and credit card. Once payment is made, an instant proof of purchase is issued, which can be presented at the pharmacy counter. Payments are fully refundable.

You can Reply STOP to the text message received in order to unsubscribe from any future notifications.

				Page: 2
Popovich, Alicia Marie Fac: Frederick Health Hospital, Inc. 28 F. 01/11/1993	Loc: NUR-Emergency Dept Med Rec Num: M0853788	Bed: -	Visit: A089774276	

===== Notificación de Medicamentos Recetados =====

Si su proveedor ha enviado sus recetas electrónicamente a su farmacia y usted recibirá una notificación por mensaje de texto (siempre que haya proporcionado al FMH su número de teléfono celular).

Cómo acceder al sitio web en forma segura:

1. Haga clic en el enlace del mensaje de texto, luego ingrese su **Primer Nombre** y **Fecha de Nacimiento**.
2. Si la información proporcionada es correcta, recibirá un segundo mensaje de texto con un **código de 4 dígitos** que se requerirá para poder acceder al sitio.

En general, las siguientes funciones están disponibles en el mensaje de texto:

- Información relacionada con la farmacia (nombre/dirección/teléfono).
- Información relacionada con el nuevo medicamento (como el nombre del medicamento/concentración/cantidad).
- Información educacional relacionada con la medicina.
- Su copago o su costo estimado y descuentos/cupones disponibles.
- Opción para confirmar la hora de recogida de la receta en la farmacia.

NOTA: Algunas recetas genéricas se pueden pre-pagar en línea para reducir el costo de desembolso. Si elige pagar por adelantado, puede completar el proceso de pago ingresando un correo electrónico y una tarjeta de crédito válidos. Una vez que se realiza el pago, se emite una prueba de compra instantánea, que se puede presentar en el mostrador de la farmacia. Los pagos son totalmente reembolsables.

Puede responder STOP / DETENER al mensaje de texto recibido para cancelar la suscripción de futuras notificaciones.

Popovich, Alicia Marie

Fac: Frederick Health Hospital, Inc.
28 E 01/11/1993

Loc: NUR-Emergency Dept

Med Rec Num: M0853788

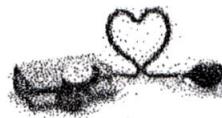
Bed: -

Visit: A089774276

Reg Date: 07/04/2021

Attending:

Reason: Assault

**For Patients age 18 years and Older:**

If your blood pressure during your ED Visit was over 120/80 at any point and you don't already have a diagnosis of high blood pressure or take blood pressure medications you should follow up with your Primary Care Provider to discuss further blood pressure management.

For Patients age 0 to 17 years:

These are your blood pressure results, please share with your Primary Care Provider, these may be helpful in the overall assessment of your health.

Blood Pressure Reading During ED Visit

BP	136/86
BP	126/76

Substance Use Resources

We understand that substance use is a problem for many people and we are concerned about the health of our community. If you or a loved one needs help, please dial 211 or visit: www.frederickhealth.org/Services/Substance-Use

Spanish Translation**Recursos para los Usuarios de Sustancias**

Entendemos que el uso de sustancias es un problema para muchas personas, y nos preocupa la salud de nuestra comunidad. Si usted o su ser querido necesita ayuda, favor llame al 211 o visite el sitio web: www.frederickhealth.org/Services/Substance-Use

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc: NUR-Emergency Dept
20 F 01/11/1993 Med Rec Num: M0853788

Bed: -

Visit: A089774276

Reg Date: 07/04/2021

Attending:

Reason: Assult

ED MD: Delauter, Daniel A

PCP: PCP Unknown

Arrival: 07/04/2021 05:25

Arrival Mode: Law Enforcement

Priority: 3-Urgent

Interpreter Required: No

Language: English

Disposition: Home / Self Care

Patient Admitted:

Admit Diagnosis:

Stated Complaint: Assult

Additional Patient Information

Weight 75.7 kg

Discharge Diagnosis

Other specified disorders of eye and adnexa (07/04/2021)

Soft tissue disorder, unspecified (07/04/2021)

Contusion of unspecified part of neck, initial encounter (07/04/2021)

Adult sexual abuse, suspected, initial encounter (07/04/2021)

Assault by unarmed brawl or fight, initial encounter (07/04/2021)

Encounter for prescription of emergency contraception (07/04/2021)

Encounter for pregnancy test, result negative (07/04/2021)

Allergies

No Known Drug Allergies Allergy (Verified 10/15/2019 23:20)

Urticaria

Vital Signs and Pulse Ox

	Temp	Pulse	Resp	BP	Pulse Ox
07/04/2021 07:50	78	16	136/86	99	
07/04/2021 05:32	97.5 F	107 H	16	126/76	99

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 Visit: A009774276

Oxygen Delivery Device

Oxygen Delivery Device Room Air
 Oxygen Delivery Device Room Air

Triage Assessment

Triage Assessment ED Start: 07/04/2021 05:26
 Freq: Status: Discharge
 Protocol:
 Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)
 Triage Assessment

Chief Complaint	Safe
ED Stated Complaint	Assault
Priority	3
Is Patient from Nursing Home/Assisted Living	No
Breathing	Unlabored
Skin	Warm, Pink, Dry
Level of Consciousness	Alert, Oriented
RN Assessment	patient brought in for SAFE RN evaluation. per patient, she was raped 2 hours ago in an alley way patient punched multiple times (5-6 at least) by assailant & choked, has redness around neck. patient's right eye bruised, closed shut. multiple abrasion noted to face, knees, scratch marks noted to thighs and upper back. per patient, she was wearing a dress when this happened, already gave her dress and underwear to the police.
Pain Scale	Number (1-10)
Pain Score	8
Initial ED Interventions	Mask, Stretcher
Communication Barrier	No
Communication Vulnerability	None
Interpreter Required	No
Communication Method	Verbal Communication
Primary Language	English
Preferred Language for Healthcare	English
OB/GYN Assessment for ED	

Popovich, Alicia Marie
 Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
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 Visit:A089774276

Triage Assessment - Continued

Last Menstrual Period	6/15/2021
Patient Pregnant	No
Pharmacy Medication Interaction Checking for Pregnancy	No
Patient Breastfeeding	No

Past Medical History

Triage Past Medical History Start: 07/04/2021 05:26
 Freq: Status: Discharge
 Protocol:
 Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00008)
 ED Past Medical History
 Currently using an Insulin Pump No

Medical Hx

Patient denies medical problems
 Patient denies significant medical history

Pain Assessment

Pain Assessment Start: 07/04/2021 05:26
 Freq: Status: Discharge
 Protocol:
 Document 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:39 LAC MCEDREDC00008)
 PAIN ASSESSMENT
 Pain Scale Number (1-10)
 Pain Score 8

Assessments

ED Integumentary Assessment Start: 07/04/2021 05:38
 Freq: Status: Discharge
 Protocol:
 Document 07/04/2021 07:52 CAS (Rec: 07/04/2021 07:54 CAS MCEDREDR06344)
 INTEGUMENTARY ASSESSMENT
 Integumentary Assessment WDP? No
 Upper Throat
 Skin Abnormality Type Red
 Skin Comments patient reports being
strangled by her assailant,

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Assessments - Continued

denies trouble swallowing or
 breathing. Able to speak in
 normal tone of voice

Right Upper Arm

Skin Abnormality Type

Red

Right Face

Skin Comments

eye swollen shut, skin red and
 bruised

ED Psychosocial Assessment

Start: 07/04/2021 05:38

Freq:

Status: Discharge

Protocol:

Document 07/04/2021 07:54 CAS (Rec: 07/04/2021 07:54 CAS MCEDREDP06344)
 PSYCHOSOCIAL ASSESSMENT

Psych Assessment WDP?

No

Affect/Mood/Behavior Abnormals

Tearful

Urine hCG Cassette Rapid Test (ED Only)

Start: 07/04/2021 08:12

Freq:

Status: Complete

Protocol:

Document 07/04/2021 08:13 CAS (Rec: 07/04/2021 08:14 CAS MCEDREDT00008)

Urine hCG Rapid Test

Lot #

HCG0102050

Expiration Date

2022-09-30

Internal Positive QC (Red Control Line
 is Present)

Yes

Internal Negative QC (Clear Background)

Yes

Urine Pregnancy Test Results (read in 4
 minutes)

Negative

Patient Pregnant

No

IV Site Info

IV/IID, Start

Start: 07/04/2021 08:04

Freq: ONE TIME

Status: Complete

Protocol:

Document 07/04/2021 08:11 CAS (Rec: 07/04/2021 08:11 CAS MCEDREDP06344)

IV Site Information

Right Antecubital

No

Started in Field

07/04/2021

Insertion Date

08:11

Insertion Time

Peripheral

IV Catheter Type

20

Gauge

Nursing Notes

08/04/2021 14:12 CM Note by Tarquinio, Meaghan Lydia

This worker called to check in w/ Pt MB full unable to LM.

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc., Loc:NUR-Emergency Dept
28 E 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Nursing Notes - Continued

Initialized on 08/04/2021 14:12 - END OF NOTE

07/07/2021 13:09 Nurse's Note by Winklbauer,Ann M

Patient here for follow-up exam post report of SA/ strangulation on 7/4/2021. Patient accompanied by Darlene (mother). This FNE completed follow-up exam with photo documentation. Patient Navigator present-see note. Current complaints and/or concerns by patient include mild nausea and a "sore" neck, both of which patient states are tolerable. Patient tolerated exam and photodocumentation well without any difficulties.

Instructions for medication (patient on nPEP protocol), side-effects, follow-up resources, safety planning, other concerns reviewed with patient. Stated understanding.

Initialized on 07/07/2021 13:09 - END OF NOTE

07/07/2021 11:10 Nurse's Note by Winklbauer,Ann M

Spoke w/ Pt she will be coming in shortly for followup with FNE and SW'er

Initialized on 07/07/2021 11:10 - END OF NOTE

07/06/2021 13:13 Nurse's Note by Winklbauer,Ann M

This FNE consulted with Pharmacist Rhlannon regarding patient's positive Gardnerella results. Patient needs full week course for BV treatment per Rhlannon. Prescription sent to CVS by pharmacy as requested by patient. Patient notified to pick up. Will follow up per nPEP protocol and patient notified to return to ED or primary care provider with continued or worsening symptoms.

Initialized on 07/06/2021 13:13 - END OF NOTE

07/06/2021 12:35 CM Note by Tarquinio,Meaghan Lydia

This worker spoke with Pt who will be coming at 1pm.

Initialized on 07/06/2021 12:35 - END OF NOTE

07/06/2021 09:32 CM Note by Tarquinio,Meaghan Lydia

This worker called mother's number provided by Pt to forensics. Pt's mother advised that work had provided her with a temporary cell phone and number (240-357-6382). Pt to speak with detective mckinney today and will text this worker after. Pt to come back for flagyl.

Initialized on 07/06/2021 09:32 - END OF NOTE

07/06/2021 09:15 CM Note by Tarquinio,Meaghan Lydia

Popovich, Alicia Marie

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Med Rec Num:M0853780Bed:-
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Nursing Notes - Continued

This worker attempted to call Pt, MB full. Asked detective mckinney to tell Pt to call and check in if he sees her today.

Initialized on 07/06/2021 09:15 - END OF NOTE

07/05/2021 17:50 Post Discharge Lab Result by Marselli,Rhiannon D

Addendum entered and electronically signed by Rhiannon D Marselli, PharmD 07/06/2021 13:20:
Safe nurse able to contact patient. Patient educated on BV result and metronidazole rx. Called into CVS on 7th st per patient request.

Original Note:

Addendum entered and electronically signed by Rhiannon D Marselli, PharmD 07/06/2021 11:38:
Second attempt to reach this patient without success. Unable to leave VM due to mailbox being full.

Original Note:

Patient presented to ED s/p sexual assault seen by safe nurse. Patient received prophylactic abx for C/G and HIV ppx. Patient did not receive 2g PO metronidazole due to +ETOH. Spoke with Dr PI about +BV. Prescribed metronidazole 500mg PO BID x 7 days if patient symptomatic. Attempted to call patient but was unable to leave VM due to mailbox being full.

** Electronically signed by Marselli,Rhiannon D, PharmD on 07/05/2021 17:53 **

Initialized on 07/05/2021 17:50 - END OF NOTE

07/05/2021 13:03 Nurse's Note by Holtzinger,Pamela S

Called patient to discuss lab results and to arrange follow up appointment for evaluation of injury/symptom progression and for meeting with Forensic social worker for other needs. No answer but left a message to contact forensic services.

Initialized on 07/05/2021 13:03 - END OF NOTE

07/04/2021 12:38 Nurse's Note by Palmer,Anne L

This FNE called to evaluate patient for complaint of [sexual assault, abuse/ strangulation]. Informed consent obtained from patient and exam performed in [forensic suite] once patient deemed medically stable by provider. Patient Navigator to contact patient for follow-up regarding social concerns and community resources. Lethality assessment completed and results discussed with patient. Coordinated with [Dt. McKinney] from law enforcement. Case # [21-49724], jurisdiction [FCPD]. Discharge instructions reviewed with patient (see copy attached to chart). Advised to follow up with primary doctor for continued care and monitoring and to return to emergency department for worsening symptoms. Stated understanding. Discharged to [home] with [best friend] via [ambulatory] in stable condition.

Initialized on 07/04/2021 12:38 - END OF NOTE

Popovich, Alicia Marie

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Visit: A089774276

Nursing Notes - Continued

07/04/2021 09:24 Nurse's Note by Sappington, Chaya A

Patient able to ambulate to the Safe Suite with a steady gait with Safe RN.

Initialized on 07/04/2021 09:24 - END OF NOTE

07/04/2021 09:19 Nurse's Note by Sappington, Chaya A

Report given to Anne, Forensics RN. Per Dan Defauter, NP, patient can go to Safe Suite.

Initialized on 07/04/2021 09:19 - END OF NOTE

07/04/2021 08:56 Nurse's Note by Sappington, Chaya A

Patient to CT scan at this time.

Initialized on 07/04/2021 08:56 - END OF NOTE

07/04/2021 08:55 Nurse's Note by Sappington, Chaya A

Patient medicated per MAR. Patient educated on medication and side effects, state understanding. Ice water and ice pack provided.

Initialized on 07/04/2021 08:55 - END OF NOTE

07/04/2021 08:25 (created 07/04/2021 08:28) Nurse's Note by Sappington, Chaya A

Patient's ex-husband, Cody at bedside with patient's permission.

Initialized on 07/04/2021 08:28 - END OF NOTE

07/04/2021 07:39 Nurse's Note by Sappington, Chaya A

Pam, Forensics Nurse Supervisor spoke with this RN, states she has been in touch with the detective handling this case. On the phone with the patient at this time.

Initialized on 07/04/2021 07:39 - END OF NOTE

07/04/2021 07:13 Nurse's Note by Cortez, Luz A

detective was able to get in touch with SAFE supervisor

Initialized on 07/04/2021 07:13 - END OF NOTE

07/04/2021 07:10 (created 07/04/2021 07:14) Nurse's Note by Cortez, Luz A

report given to Chaya RN for continuation of care

Popovich, Alicia Marie

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Bed:-
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Nursing Notes - Continued

Initialized on 07/04/2021 07:14 - END OF NOTE

07/04/2021 06:51 Nurse's Note by Cortez,Luz A
VM left for SAFE supervisor

Initialized on 07/04/2021 06:51 - END OF NOTE

07/04/2021 06:45 Nurse's Note by Cortez,Luz A
second call to SAFE nurse made at this time -- no response
operator calling SAFE supervisor

Initialized on 07/04/2021 06:45 - END OF NOTE

07/04/2021 06:09 Nurse's Note by Cortez,Luz A
left message for Ann, SAFE nurse.

Initialized on 07/04/2021 06:09 - END OF NOTE

07/04/2021 06:02 Nurse's Note by Cortez,Luz A
patient ambulated to restroom
asked to provide sample, discouraged from wiping after using restroom

Initialized on 07/04/2021 06:02 - END OF NOTE

07/04/2021 05:50 (created 07/04/2021 07:19) Nurse's Note by Cortez,Luz A
detective sean mcklinney to bedside

Initialized on 07/04/2021 07:19 - END OF NOTE

07/04/2021 05:47 Nurse's Note by Cortez,Luz A
FCPD x 2 officers to bedside

Initialized on 07/04/2021 05:47 - END OF NOTE

07/04/2021 05:30 (created 07/04/2021 07:09) Nurse's Note by Cortez,Luz A
patient brought in for SAFE RN evaluation.
per patient, she was raped 2 hours ago in an alley way
patient punched multiple times (5-6 at least) by ~~assailant~~ & choked, has redness around neck.

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
 28 F 01/11/1993 Med Rec Num:M0853788 Bed:-
 Visit:A089774276

Nursing Notes - Continued

patient's right eye bruised, closed shut. multiple abrasion noted to face, knees, scratch marks noted to thighs and upper back.

per patient, she was wearing a dress when this happened, already gave her dress and underwear to the police.

Initialized on 07/04/2021 07:09 - END OF NOTE

MAR

Discontinued Medications

Azithromycin (Azithromycin 250 Mg Tab) 1,000 mg PO ONE TIME ONE

Stop: 07/04/2021 11:56

Last Admin: 07/04/2021 12:11 Dose: 1,000 mg

Documented by: N-RN-ALP

Ceftriaxone Sodium (Ceftriaxone 500 Mg/Vial) 500 mg IM ONE TIME ONE

Stop: 07/04/2021 09:50

Last Admin: 07/04/2021 12:12 Dose: 500 mg

Documented by: N-RN-ALP

Emtricitabine/Tenofovir (Emtricitabine/Tenofovir 200-300 Mg 1 Tab) 1 tab PO ONE TIME ONE

Stop: 07/04/2021 09:50

Last Admin: 07/04/2021 12:11 Dose: 1 tab

Documented by: N-RN-ALP

Ketorolac Tromethamine (Ketorolac 30 Mg/Ml Vial) 30 mg IV ONE TIME ONE

Stop: 07/04/2021 08:49

Last Admin: 07/04/2021 08:53 Dose: 30 mg

Documented by: CSAPPING

Levonorgestrel (Levonorgestrel 1 Unit) 1 unit PO ONE TIME ONE

Stop: 07/04/2021 09:50

Last Admin: 07/04/2021 12:11 Dose: 1 unit

Documented by: N-RN-ALP

Metronidazole (Metronidazole 500 Mg Tab) 2,000 mg PO ONE TIME ONE

Stop: 07/04/2021 09:50

Last Admin: 07/04/2021 11:54 Dose: Not Given

Documented by: N-RN-ALP

Ondansetron HCl (Ondansetron 4 Mg Odt Tab.Rapdis) 4 mg PO ONE TIME ONE

Stop: 07/04/2021 09:50

Last Admin: 07/04/2021 12:11 Dose: 4 mg

Documented by: N-RN-ALP

Raltegravir (Raltegravir Potassium 400 Mg Tab) 400 mg PO ONE TIME ONE

Stop: 07/04/2021 09:50

Last Admin: 07/04/2021 12:11 Dose: 400 mg

Documented by: N-RN-ALP

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc.,
28 F 01/11/1993

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Bed:-

Visit:A089774276

Worklist Treatments

Dysphagia Screening

Start: 07/04/2021 08:01

Freq: Q1HX1

Status: Complete

Protocol:

Document 07/04/2021 08:11 CAS (Rec: 07/04/2021 08:11 CAS MCEDREDF06344)

Yale Swallow Protocol - ED

What Is Your Name	Correct Response
Where Are You Right Now	Correct Response
What Year Is It	Correct Response
Labial Closure	Normal
Lingual Range of Motion	Normal
Facial Symmetry (Smile/Pucker)	Normal
Yale Swallow Protocol Result	Pass

Isolation - ED

Start: 07/04/2021 05:26

Freq:

Status: Discharge

Protocol:

Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)

COVID-19 Screening

Does pt have any COVID-19 symptoms that
are unexplained by another disease or
illness

No

COVID-19 Testing Status
Status Confirmed/Updated

Negative

Confirmed by Patient/Family/
Lay person

Isolation

Isolation Required

None

Orders

	Category	Date Time	Status
Dysphagia Screening Q1HX1	Care	07/04/2021 08:01	Completed
IV/IID, Site Initiate ONE TIME	Care	07/04/2021 08:04	Completed
Prep- CT Anglo Procedure Q1HX1	Care	07/04/2021 08:01	Completed
Prep-CT FAC Procedure Q1HX1	Care	07/04/2021 08:00	Completed
CT FACIAL BONES W CONT Urgent	Exams	07/04/2021 09:15	Completed
CT HEAD WO + HEAD NECK ANGIO W Urgent	Exams	07/04/2021 09:15	Completed
ALCOHOL Stat	Lab	07/04/2021 08:26	Completed
CBC w/Platelet & Differential Stat	Lab	07/04/2021 08:26	Completed
CHLAMYDIA/GC PCR ENDOCERVIX Stat	Lab	07/04/2021 13:40	Completed
CHLAMYDIA/GC PCR THROAT Stat	Lab	07/04/2021 12:02	Completed
CHLAMYDIA/GC PCR URINE Stat	Lab	07/04/2021 10:00	Completed
Comprehensive Metabolic Panel Stat	Lab	07/04/2021 08:26	Completed
HCG SERUM QUAL REFLEX TO QUANT Stat	Lab	07/04/2021 08:26	Completed
HEPATITIS B SURFACE AB Stat	Lab	07/04/2021 08:26	Completed
HEPATITIS B SURFACE AG (FMH) Stat	Lab	07/04/2021 08:26	Completed
HEPATITIS C VIRUS ANTIBODY Stat	Lab	07/04/2021 08:26	Completed
HIV ANTIGEN ANTIBODY COMBO Stat	Lab	07/04/2021 08:26	Completed
TREPONEMA ANTIBODY Stat	Lab	07/04/2021 08:26	Completed

Popovich, Alicia Marie	Loc:NUR-Emergency Dept	Bed:-
Fac: Frederick Health Hospital Inc.	Med Rec Num: M0853788	Visit: A089774276
28 F 01/11/1993		
Orders - Continued		
URINE TOXICOLOGY SCREEN Stat	Lab	07/04/2021 08:05
VAGINOSIS PANEL DNA Stat	Lab	07/04/2021 13:45
Allergy Check For IV Dye * [Allergy Check For IV Dye] 1 ea IV ASDIRECTED PRN	Med	07/04/2021 08:00
Azithromycin Tab * [Zithromax Tab *] 1,000 mg PO ONE TIME ONE	Med	07/04/2021 11:55
Emtricitabine/Tenofovir * [Truvada 200-300 mg *] 1 tab PO ONE TIME ONE	Med	07/04/2021 09:49
HIV Post Exposure Prophylaxis 1 ea PO ONE TIME ONE	Med	07/04/2021 09:49
Ketorolac Vial * [Toradol *] 30 mg IV ONE TIME ONE	Med	07/04/2021 08:48
Levonorgestrel * [Plan B *] 1 unit PO ONE TIME ONE	Med	07/04/2021 09:49
Ondansetron Tab Odt * [Zofran Tab Odt *] 4 mg PO ONE TIME ONE	Med	07/04/2021 09:49
Raltegravir Potassium * [Isentress *] 400 mg PO ONE TIME ONE	Med	07/04/2021 09:49
cefTRIAXone VIAL * [Rocephin Vial *] 500 mg IM ONE TIME ONE	Med	07/04/2021 09:49
metronIDAZOLE * [Flagyl *] 2,000 mg PO ONE TIME ONE	Med	07/04/2021 09:49
Initiate Rad Contrast Protoc C Routine	Phys	07/04/2021 09:15
Code Status Routine	PrecStatus	07/04/2021 07:54

Lab Results-Abnormal

	07/04/2021 08:26	07/04/2021 08:26	07/04/2021 08:26
WBC			14.3 H
Plt Count			366 H
Neut % (Auto)			79.8 H
Lymph % (Auto)			11.6 L
Absolute Neuts (auto)			11.4 H
BUN			
BUN/Creatinine Ratio			
Albumin/Globulin Ratio			
Ethyl Alcohol		110 H	
Hep Bs Antibody, Quant	< 3.5 L		

	07/04/2021 08:26
WBC	
Plt Count	
Neut % (Auto)	

217
Continued on Page 12

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Lab Results-Abnormal - Continued

Lymph % (Auto)	
Absolute Neuts (auto)	
BUN	5 L
BUN/Creatinine Ratio	7.1 L
Albumin/Globulin Ratio	1.9 H
Ethyl Alcohol	
Hep Bs Antibody, Quant	

Discharge Assessment

ED Discharge

Start: 07/04/2021 05:26

Freq:

Status: Discharge

Protocol:

Document 07/04/2021 13:16 ALP (Rec: 07/04/2021 13:18 ALP PC1070)

ED Discharge

Discharge Disposition H

Did patient leave AMA, elope, LWOT, or No
LWBS?Is Patient from Nursing Home/Assisted No
Living

ED Discharge Date 07/04/2021

ED Discharge Time 13:17

Mode of Discharge Ambulates Without Difficulty

Discharged To Self

Was the pt on a cardiac monitor during No
this visit?Vital Signs are WNL or Consistent with Yes, Reviewed with Provider
Baseline

Discharge Instructions Given To Patient

Discharge Instructions Address Medications, Symptoms Worsening
, Follow Up

Patient Admitted? No

If NOT Admitted, Transferred to Another No
Hospital?Comment Patient verbalized
understanding of discharge
instructions given written
information and n-pep
medication. Patient ambulated
out in no distress with
friend**Discharge Instructions**Instructions: Follow-Up Instructions - 2118 Sexual/Abuse/Assault
HIV Testing Information Sheet #

Continued on Page 13

Page: 13

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788

Bed:-

Visit:A089774276

Frederick Health Hospital
Frederick, Maryland 21701

ED Treatment Record

Popovich, Alicia Marie
DOB: 01/11/1993
Arrival: 07/04/21 - 0525
Emergency Provider: Delauter, Daniel A CRNP

MR# M0853788
Acct #: A089774276
Depart: 07/04/21 - 1319

HPI - General Adult

General

Chief complaint: Safe
Stated complaint: Assault
Time Seen by Provider: 07/04/2021 07:58
Source: patient
Mode of arrival: ambulatory
Limitations: no limitations
MSE Completed and Ready for Registration: Yes

History of Present Illness

HPI narrative: 28-year-old female patient presents to the emergency department for a safe RN evaluation. Patient was raped prior to arrival, the assailant punched her in the face multiple times, also reports having been choked. Patient does have a reddened areas surrounding her neck. Patient's right eye is swollen however she is able to see without difficulty once her eyes open.

ROS

Constitutional

Denies chills or fever(s)

Eyes

Reports eye pain and redness;
Denies diplopia or loss of vision

ENT

Denies vertigo or dizziness

Cardiovascular

Denies chest pain, leg edema, dyspnea or dyspnea on exertion

Respiratory

Denies cough, dyspnea or dyspnea on exertion

Gastrointestinal

Denies abdominal pain, diarrhea, nausea or vomiting

Musculoskeletal

Denies arthralgias or limited range of motion

Integumentary

Skin: Denies lesions or rash

Neurologic

Denies vertigo, dizziness, headache(s) or loss of vision

Allergic/Immunologic

Denies rash

PMFSH

Problems (Updated 07/04/2021 @ 12:45 by Daniel A Delauter, CRNP)

Chest wall pain (Acute)

1 of 5

Frederick Health Hospital
Frederick, Maryland 21701

ED Treatment Record (con't)

Popovich, Alicia Marie

MR# M0853788

Acct#: A089774276

Acute exacerbation of chronic low back pain (Acute)
Radiculopathy (Acute)
Sciatic nerve pain (09/01/2019)
Assault (Acute)

Medical History (Updated 07/04/2021 @ 12:45 by Daniel A Delauter, CRNP)

Patient denies medical problems

Patient denies significant medical history

Social History

Cigarette Smoking Status: Never Smoked

Meets criteria for the Lung Cancer Screening Program: No

How often do you have a drink containing alcohol: Never

When was your last drink: Last night

In the past year, have you used an illegal drug or used a prescription medication for non-medical reasons: No

Drug Screening Interpretation: Negative

Exam

Narrative

Exam Narrative: Constitutional: Well-developed well-nourished in no acute distress

Head: normocephalic, atraumatic, negative battle's sign

Eyes: subconjunctival hemorrhage to 9:00, PERRL, EOMI, external edema

ENT: Oral mucosa moist, no oral trauma noted

Neck: supple, trachea midline, no midline TTP, anterior redness

CV: RRR, normal peripheral perfusion

Resp: non labored respirations, lungs CTA

Chest wall: non-tender

Abdomen: soft, non-tender, non-distended

MS: no obvious deformity, motor neurovascularly intact to bilateral upper and lower extremities

Back: no midline tenderness to palpation over T/L/S spine

GU: deferred

Neuro: alert and oriented, no focal neuro deficits

Psych: appropriate mood and affect

Frederick Health Hospital
Frederick, Maryland 21701

ED Treatment Record (con't)

Popovich,Alicia Marie

MR# M0853788

Acct#: A089774276

VITAL SIGNS

	07/04/2021 05:32	07/04/2021 05:32	07/04/2021 07:50
Weight		75.7 kg	
Temp	97.5 F		
BP	126/76		136/86
Blood Pressure Location	Arm, Right		Arm, Left
Blood Pressure Position	Sit		Sit
Pulse	107 H		78
Respiration	16		16
Pulse Oximetry (%)	99		99

Medical Decision Making

MDM Narrative

Medical decision making narrative: 28-year-old female patient presents to the emergency department after a sexual assault. Patient CT imaging reveals no intracranial hemorrhage or bleed orbital fractures no C-spine fractures vascular damage to the neck vessels. Patient to have continued evaluation by safe RN. Patient vital signs are stable, is nontoxic in appearance and ambulates with a steady gait.

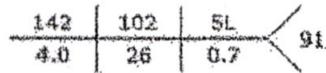
Lab Data

Result diagrams:

07/04/2021 08:26



07/04/2021 08:26



Discharge Plan

Discharge Information

Patient Disposition: Home / Self Care

Discharge Problem:

Assault

ED Information

ED Provider: Delauter,Daniel A

Frederick Health Hospital
Frederick, Maryland 21701

ED Treatment Record (con't)

Popovich, Alicia Marie

MR# M0853788

Acct#: A089774276

ED Status: COMPL

Visit Information

Primary Care Provider: PCP Unknown,

Patient Discharge Condition

Condition: stable

Patient Discharge Instructions

Prescriptions:

No Action

bupropion HCl [Wellbutrin XL] 150 MG Tab.Er.24h

150 mg PO QDAY RF: 0

ibuprofen 800 MG Tablet

800 mg PO TID PRN (Reason: Pain) Qty: 20 RF: 0

methocarbamol 500 MG Tab

500 mg PO TID PRN (Reason: Muscle Spasm) Qty: 20 RF: 0

Activity Restrictions/Additional Instructions:

Please follow-up as directed by the safe nurse.

Return here for any new or worsening symptoms.

Referrals:

PCP Unknown, [Primary Care Provider] -

Instructions: Follow-Up Instructions - Child Sexual/Abuse/Assault, HIV Testing
Information Sheet #

Decision to Admit

Decision to Admit: No

Reason For Visit: Assult

Core Measures and Other

Sepsis Initial

Sepsis tissue perfusion reassessment after fluid bolus?: No

Frederick Health Hospital
Frederick, Maryland 21701

ED Treatment Record (con't)

Popovich, Alicia Marie

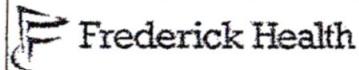
MR# M0853788

Acct#: A089774276

Signatures:
<Electronically signed by Daniel A Delauter CRNP> 07/09/21 0021
<Electronically signed by Michael R DiNapoli MD> 07/15/21 2251

Rpt #: 0704-00075

Signed



Patient Order Summary

Page: 1 of 31
Date: 07/08/2021 02:28
User: Palmer, Anne L.

A089774276 Popovich, Alicia Marie

28/F

ED Provider: Delauter, Daniel A, CRNP

Reason: Assault

Location: NUR-Emergency Dept

Medical Record Number: M0853788

Account Number: A089774276

Registration: 07/04/2021

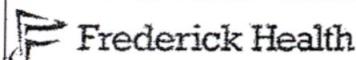
Category	Order	Status	Start	Ord Provider	Entered By
TOXICOLOGY	216704-075549S29	Completed	07/04/2021 08:26	Delauter, Daniel A, CRNP	Holtzinger, Pamela S, RN
ALCOHOL				Stat	Order Source: Standing Order

Stop Reason: Completed by Lis

Specimen Has been collected

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Signature is Necessary	NA
1 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Entered	NA
2 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Resigned	NA
3 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Reassign ES:	NA
			New: Delauter, Daniel A, CRNP	
			Old:	
4 07/04/2021 07:55	Holtzinger, Pamela S, RN	FRD-BG15	Sent to Other Vendor:	NA
			New: ORDERS FOR OM ORD OV-2 NMI INTERFACE	
			Old:	
5 07/04/2021 07:55	Daemon, Background	FRD-BG15	Status changed:	NA
			New: Transmitted	
			Old: Verified	
6 07/04/2021 07:56	Daemon, Background	FRD-CM03	Status changed:	NA
			New: Logged	
			Old: Transmitted	
7 07/04/2021 09:06	Daemon, Background	FRD-CM03	Start Time edited:	NA
			New: 08:26	
			Old: 07:54	
8 07/04/2021 09:06	Daemon, Background	FRD-CM03	Status changed:	NA
			New: In Process	
			Old: Logged	
9 07/04/2021 09:06	Daemon, Background	FRD-CM03	Status changed:	NA
			New: Completed	
			Old: In Process	
10 07/04/2021 09:23	Delauter, Daniel A, CRNP	FRD-BG15	Order is Signed by Delauter, Daniel A, CRNP	NA

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Patient Order Summary

Page: 2 of 31

Date: 07/08/2021 02:28

User: Palmer,Anne L

A089774276 Popovich,Alicia Marie

28/F

ED Provider: Delauter,Daniel A, CRNP

Reason: Assault

Location: NUR-Emergency Dept

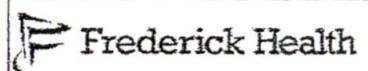
Medical Record Number: M0853788

Account Number: A089774276

Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
CHEMISTRY	210704-075549333	Completed	07/04/2021 08:26	Delauter,Daniel A, CRNP	Holtzinger,Pamela S, RN
HCG SERUM QUAL REFLEX TO QUANT				Stat	Order Source: Standing Order
Stop Reason: Completed by Lis					
Specimen Has been collected					
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1	07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Entered	NA
2	07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Reassigned	NA
3	07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Reassign ES:	NA
				New: Delauter,Daniel A, CRNP	
				Old:	
4	07/04/2021 07:55	Holtzinger,Pamela S, RN	FRD-BG15	Sent to Other Vendor:	NA
				New: ORDERS FOR OM ORD OV-2 NMI INTERFACE	
5	07/04/2021 07:55	Daemon,Background	FRD-BG15	Old:	
				Status changed:	NA
6	07/04/2021 07:56	Daemon,Background	FRD-CM03	New: Transmitted	
				Old: Verified	
				Status changed:	NA
7	07/04/2021 08:34	Daemon,Background	FRD-CM03	New: Logged	
				Old: Transmitted	
				Start Time edited:	NA
8	07/04/2021 08:34	Daemon,Background	FRD-CM03	New: 08:26	
				Old: 07:54	
9	07/04/2021 09:16	Daemon,Background	FRD-CM03	Status changed:	NA
				New: In Process	
				Old: Logged	
10	07/04/2021 09:27	Delauter,Daniel A, CRNP	FRD-BG15	Status changed:	NA
				New: Completed	
				Old: In Process	
				Order is Signed by Delauter,Daniel A, CRNP	NA

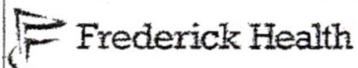
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Patient Order Summary

Page: 3 of 31
Date: 07/08/2021 02:28
User: Palmer,Anne L

A089774276	Popovich,Alicia Marie	Location: NUR-Emergency Dept	Medical Record Number: M0853788																																																																																																																																		
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<table><thead><tr><th>Category</th><th>Order</th><th>Status</th><th>Start</th></tr></thead><tbody><tr><td>CHEMISTRY</td><td>210704-075549356</td><td>Completed</td><td>07/04/2021 08:26</td></tr><tr><td>HEPATITIS B SURFACE AB</td><td></td><td>Stat</td><td></td></tr></tbody></table>				Category	Order	Status	Start	CHEMISTRY	210704-075549356	Completed	07/04/2021 08:26	HEPATITIS B SURFACE AB		Stat																																																																																																																							
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Patient Order Summary

Page: 4 of 31
Date: 07/04/2021 02:28
User: Palmer,Anne L

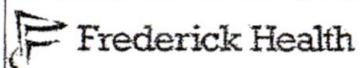
A089774276 Popovich,Alicia Marie
26/F Location: NUR-Emergency Dept Medical Record Number: M0853788
ED Provider: Delauter,Daniel A, CRNP Account Number: A089774276
Reason: Assault Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
CHEMISTRY	210704-0755493861	Completed	07/04/2021 06:26	Delauter,Daniel A, CRNP	Holtzinger,Pamela S, RN
HEPATITIS B SURFACE AG (FMH)				Stat	Order Source: Standing Order

Stop Reason: Completed by lis

Specimen Has been collected

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Signature is Necessary	N
1	07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Entered	N
2	07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Reassigned	NA
3	07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Reassign ES: New: Delauter,Daniel A, CRNP Old:	NA
4	07/04/2021 07:55	Holtzinger,Pamela S, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA 228
5	07/04/2021 07:55	Daemon,Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA
6	07/04/2021 07:56	Daemon,Background	FRD-CM03	Status changed: New: Logged Old: Transmitted	NA
7	07/04/2021 08:34	Daemon,Background	FRD-CM03	Start Time edited: New: 08:26 Old: 07:54	NA
8	07/04/2021 08:34	Daemon,Background	FRD-CM03	Status changed: New: In Process Old: Logged	NA
9	07/04/2021 09:27	Delauter,Daniel A, CRNP	FRD-BG15	Order is Signed by Delauter,Daniel A, CRNP	NA
10	07/04/2021 09:38	Daemon,Background	FRD-CM03	Status changed: New: Completed Old: In Process	NA



Patient Order Summary

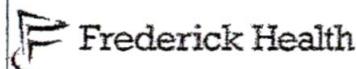
Page: 5 of 31

Date: 07/08/2021 02:28

User: Palmer,Anne L

A089774276	Popovich,Alicia Marie	Location: NUR-Emergency Dept	Medical Record Number: M0853788
28/F	ED Provider: Delauter,Daniel A, CRNP		Account Number: A089774276
	Reason: Assault		Registration: 07/04/2021
<hr/>			
Category	Order	Status	Entered By
CHEMISTRY	210704-075549352	Completed	Holtzinger, Pamela S, RN
HEPATITIS C VIRUS ANTIBODY		Stat	Order Source: Standing Order
Stop Reason: Completed by Lis			
Specimen		Has been collected	
Date & Time	User	Device	Event
1 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Signature is Necessary
1 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Entered
2 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Reassigned
3 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Reassign ES:
			New: Delauter,Daniel A, CRNP
			Old:
4 07/04/2021 07:55	Holtzinger, Pamela S, RN	FRD-BG15	Sent to Other Vendor:
			New: ORDERS FOR OM ORD OV-2 NMI INTERFACE
5 07/04/2021 07:55	Daemon,Background	FRD-BG15	Old:
			Status changed:
6 07/04/2021 07:56	Daemon,Background	FRD-CM03	New: Transmitted
			Old: Verified
7 07/04/2021 08:34	Daemon,Background	FRD-CM03	Status changed:
			New: Logged
8 07/04/2021 08:34	Daemon,Background	FRD-CM03	Old: Transmitted
			Start Time edited:
9 07/04/2021 09:27	Delauter,Daniel A, CRNP	FRD-BG15	New: 08:26
10 07/04/2021 09:38	Daemon,Background	FRD-CM03	Old: 07:54
			Status changed:
			New: In Process
			Old: Logged
			Order is Signed by Delauter,Daniel A, CRNP
			Status changed:
			New: Completed
			Old: In Process

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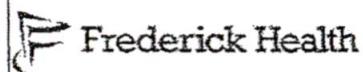


Patient Order Summary

Page: 6 of 31
Date: 07/06/2021 02:28
User: Palmer,Anne L.

A089774276	Popovich,Alicia Marie 26/F	ED Provider: Delauter,Daniel A, CRNP Reason: Assault	Location: NUR-Emergency Dept	Medical Record Number: M0853788 Account Number: A089774276 Registration: 07/04/2021
CHEMISTRY	210704-0755493521	Completed	07/04/2021 08:26	Entered By Holtzinger,Pamela S, RN
HIV ANTIGEN ANTIBODY COMBO			Stat	Order Source: Standing Order
	Stop Reason: Completed by Lis			
Specimen	Has been collected			
Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Signature is Necessary	N
1 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Entered	N
2 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Reassigned	NA
3 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Reassign ES: New: Delauter,Daniel A, CRNP Old:	NA
4 07/04/2021 07:55	Holtzinger,Pamela S, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
5 07/04/2021 07:55	Daemon,Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA
6 07/04/2021 07:56	Daemon,Background	FRD-CM03	Status changed: New: Logged Old: Transmitted	NA
7 07/04/2021 08:34	Daemon,Background	FRD-CM03	Start Time edited: New: 08:26 Old: 07:54	NA
8 07/04/2021 08:34	Daemon,Background	FRD-CM03	Status changed: New: In Process Old: Logged	NA
9 07/04/2021 09:27	Delauter,Daniel A, CRNP	FRD-BG15	Order is Signed by Delauter,Daniel A, CRNP	NA
10 07/04/2021 09:32	Daemon,Background	FRD-CM03	Status changed: New: Completed Old: In Process	NA

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Patient Order Summary

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Date: 07/08/2021 02:28

User: Palmer, Anne L

A089774276 Popovich, Alicia Marie
29/F Location: NUR-Emergency Dept Medical Record Number: M0853788
ED Provider: Delauter, Daniel A, CRNP Account Number: A089774276
Reason: Assault Registration: 07/04/2021

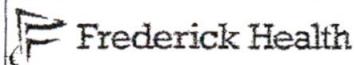
Category	Order	Status	Start	Ord Provider	Entered By
REFERENCE	210704-075549367	Completed	07/04/2021 08:26	Delauter, Daniel A, CRNP	Holtzinger, Pamela S, RN
TREPONEMA ANTIBODY				Stat	Order Source: Standing Order

Stop Reason: Completed by Lis

Specimen Has been collected

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Signature is Necessary	N
1	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Entered	N
2	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Reassigned	NA
3	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Reassign ES:	NA
				New: Delauter, Daniel A, CRNP	
				Old:	
4	07/04/2021 07:55	Holtzinger, Pamela S, RN	FRD-BG15	Sent to Other Vendor:	NA
				New: ORDERS FOR OM ORD OV-2 NMI INTERFACE	
5	07/04/2021 07:55	Daemon, Background	FRD-BG15	Old:	
				Status changed:	NA
6	07/04/2021 07:56	Daemon, Background	FRD-CM03	New: Transmitted	
				Old: Verified	
7	07/04/2021 08:34	Daemon, Background	FRD-CM03	Status changed:	NA
				New: Logged	
8	07/04/2021 08:34	Daemon, Background	FRD-CM03	Old: Transmitted	
				Start Time edited:	
9	07/04/2021 08:27	Delauter, Daniel A, CRNP	FRD-BG15	New: 08:26	
10	07/06/2021 09:15	Daemon, Background	FRD-CM03	Old: 07:54	
				Status changed:	NA
				New: In Process	
				Old: Logged	
				Order is Signed by Delauter, Daniel A, CRNP	NA
				Status changed:	NA
				New: Completed	
				Old: In Process	

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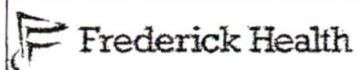
Patient Order Summary

Page: 8 of 31
Date: 07/04/2021 02:28
User: Palmer, Anne L

A089774276 Popovich, Alicia Marie
28/F Location: NUR-Emergency Dept Medical Record Number: M0853788
ED Provider: Delauter, Daniel A, CRNP Account Number: A089774276
Reason: Assault Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
TOXICOLOGY	210704-0755493671	Completed	07/04/2021 08:05	Delauter, Daniel A, CRNP	Holtzinger, Pamela S, RN
URINE TOXICOLOGY SCREEN				Stat	Order Source: Standing Order
Stop Reason: Completed by Lab					
Specimen Has been collected					
	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Signature is Necessary	N
1	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Entered	N
2	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Reassigned	NA
3	07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Reassign ES: New: Delauter, Daniel A, CRNP Old:	NA
4	07/04/2021 07:55	Holtzinger, Pamela S, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
5	07/04/2021 07:55	Daemon, Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA
6	07/04/2021 07:56	Daemon, Background	FRD-CM03	Status changed: New: Logged Old: Transmitted	NA
7	07/04/2021 08:14	Daemon, Background	FRD-CM03	Start Time edited: New: 08:05 Old: 07:54	NA
8	07/04/2021 08:14	Daemon, Background	FRD-CM03	Status changed: New: In Process Old: Logged	NA
9	07/04/2021 08:43	Daemon, Background	FRD-CM03	Status changed: New: Completed Old: In Process	NA
10	07/04/2021 09:27	Delauter, Daniel A, CRNP	FRD-BG15	Order is Signed by Delauter, Daniel A, CRNP	NA

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Patient Order Summary

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Date: 07/08/2021 02:28

User: Palmer, Anne L

A089774276 Popovich, Alicia Marie
28/F Location: NUR-Emergency Dept Medical Record Number: M0953788
ED Provider: Delauter, Daniel A, CRNP Account Number: A089774276
Reason: Assault Registration: 07/04/2021

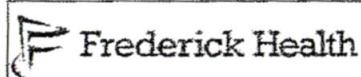
Category	Order	Status	Start	Ord Provider	Entered By
MICROBIOLOGY	210704-075549383	Completed	07/04/2021 13:45	Delauter, Daniel A, CRNP	Holtzinger, Pamela S, RN
VAGINOSIS PANEL DNA				Stat	Order Source: Standing Order

Stop Reason: Completed by Lis

MIC Source: Vaginal
Specimen: Has been collected

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Signature is Necessary	N
1 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Entered	N
2 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Order is Reassigned	NA
3 07/04/2021 07:55	Holtzinger, Pamela S, RN	HTML-6339-7815	Reassign ES: New: Delauter, Daniel A, CRNP Old:	NA
4 07/04/2021 07:55	Holtzinger, Pamela S, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
5 07/04/2021 07:55	Daemon, Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA
6 07/04/2021 07:56	Daemon, Background	FRD-CM03	Status changed: New: Logged Old: Transmitted	NA
7 07/04/2021 09:27	Delauter, Daniel A, CRNP	FRD-BG15	Order is Signed by Delauter, Daniel A, CRNP	NA
6 07/04/2021 14:46	Daemon, Background	FRD-CM03	Start Time edited: New: 13:45 Old: 07:54	NA
9 07/04/2021 14:46	Daemon, Background	FRD-CM03	Status changed: New: In Process Old: Logged	NA
10 07/04/2021 15:41	Daemon, Background	FRD-CM03	Status changed: New: Completed Old: In Process	NA

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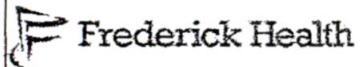
Patient Order Summary

Page: 10 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276	Popovich,Alicia Marie 28/F	ED Provider: Delauter,Daniel A, CRNP Reason: Assault	Location: NUR-Emergency Dept	Medical Record Number: M0953788 Account Number: A089774276 Registration: 07/04/2021
Category	Order	Status	Start	Ord Provider
Code Status	210704-0755493831	Completed	07/04/2021 07:54	Delauter,Daniel A, CRNP
Code Status				Routine
Stop Reason: Order completed - Patient discharged				Order Source: Standing Order
Resuscitation Status	Full Code			
Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Signature is Necessary	N
1 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Entered	N
2 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Order is Reassigned	N
3 07/04/2021 07:55	Holtzinger,Pamela S, RN	HTML-6339-7815	Reassign ES:	NA
			New: Delauter,Daniel A, CRNP	
			Old:	
4 07/04/2021 07:55	Holtzinger,Pamela S, RN	FRD-BG15	Sent to Other Vendor:	NA
			New: ORDERS FOR OM ORD OV-2 NMI INTERFACE	
			Old:	
5 07/04/2021 09:27	Delauter,Daniel A, CRNP	FRD-BG15	Order is Signed by Delauter,Daniel A, CRNP	NA
6 07/04/2021 13:19	Daemon,Background	FRD-BG15	Order is completed	NA
7 07/04/2021 13:19	Daemon,Background	FRD-BG15	Status changed:	NA
			New: Completed	
			Old: Verified	
CT Scan	210704-080152586	Cancelled	07/04/2021 08:00	Delauter,Daniel A, CRNP
CT ANGIO HEAD + NECK			Urgent	Delauter,Daniel A, CRNP Order Source: POM
Stop Reason: Changed to 07/04 0800 CT / HEAD/NECK				
Reason For Exam	trauma, strangulation			
ITS Sites	Main Hospital			
Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	N
1 07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Reflex Set: Prep -CT Angio Procedure generated	N
1 07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Reflex Set: Dysphagia Screening generated	N
2 07/04/2021 08:01	Delauter,Daniel A, CRNP	FRD-BG15	Sent to Other Vendor:	NA
			New: ORDERS FOR OM ORD OV-2 NMI INTERFACE	

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Patient Order Summary

Page: 11 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F Location: NUR-Emergency Dept Medical Record Number: M0853788
 ED Provider: Delauter,Daniel A, CRNP Account Number: A089774276
 Reason: Assault Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
				Old:	
3	07/04/2021 08:01	Daemon,Background		FRD-BG15	Status changed: New: Transmitted
4	07/04/2021 08:02	Daemon,Background		FRD-CM03	Old: Verified Status changed: New: Logged
5	07/04/2021 08:44	Humayun,Madiha		FRD-CM03	Old: Transmitted Copied to CT HEAD WO + HEAD NECK ANGIO W 210704-084411460
6	07/04/2021 08:44	Humayun,Madiha		FRD-CM03	Status changed: New: Cancelled Old: Logged

CT Scan 210704-080152601 Resulted 07/04/2021 09:15 Delauter,Daniel A, CRNP Delauter,Daniel A, CRNP

CT FACIAL BONES W CONT

Urgent

Order Source: POM

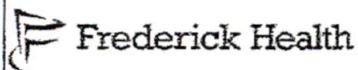
Reason For Exam trauma

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ITS Sites Main Hospital

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	N
1 07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Reflex Set: ED - CT w/IV Contrast generated	N
1 07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Reflex Set: Prep-CT FAC Procedure generated	N
2 07/04/2021 08:01	Delauter,Daniel A, CRNP	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR CM ORD OV-2 NMI INTERFACE	NA
			Old:	
3 07/04/2021 08:01	Daemon,Background	FRD-BG15	Status changed: New: Transmitted	NA
4 07/04/2021 08:02	Daemon,Background	FRD-CM03	Old: Verified Status changed: New: Logged	NA
5 07/04/2021 09:04	Humayun,Madiha	FRD-CM03	Old: Transmitted Status changed: New: Taken	NA
6 07/04/2021 09:05	Humayun,Madiha	FRD-CM03	Old: Logged Start Time edited:	N

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Patient Order Summary

Page: 12 of 31
Date: 07/08/2021 02:28
User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
28/F
ED Provider: Delauter,Daniel A, CRNP
Reason: Assault

Location: NUR-Emergency Dept
Medical Record Number: M0853788
Account Number: A089774276
Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
				New: 09:15 Old: 08:00	
7	07/04/2021 09:27	Daemon,Background	FRD-CM03	Status changed: New: Resulted Old: Taken	NA

Routine Care 210704-0801526011 Completed 07/04/2021 08:01 Delauter,Daniel A, CRNP Delauter,Daniel A, CRNP
Dysphagia Screening
Stop Reason: Completed by Pcs

Order Source: POM

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	N
1	07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Reflex Order generated from CT ANGIO HEAD + NECK 210704-080152585	N
2	07/04/2021 08:01	Delauter,Daniel A, CRNP	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
3	07/04/2021 08:02	Daemon,Background	FRD-BG15	Status changed: New: In Process Old: Verified	NA
4	07/04/2021 08:27	Sappington,Chaya A, RN	MCEDREDP06344	Status changed: New: Completed Old: In Process	NA

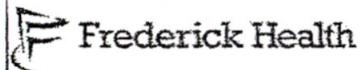
Routine Care 210704-080152617 Completed 07/04/2021 08:01 Delauter,Daniel A, CRNP Delauter,Daniel A, CRNP
Prep- CT Angio Procedure
Stop Reason: Completed by Pcs

Order Source: POM

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	N
1	07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Reflex Order generated from CT ANGIO HEAD + NECK 210704-080152585	N
2	07/04/2021 08:01	Delauter,Daniel A, CRNP	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
3	07/04/2021 08:02	Daemon,Background	FRD-BG15	Status changed:	NA

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Patient Order Summary

Page: 13 of 31
Date: 07/06/2021 02:28
User: Palmer, Anne L

A089774276 Popovich, Alicia Marie
28/F Location: NUR-Emergency Dept
ED Provider: Delauter, Daniel A, CRNP
Reason: Assault

Medical Record Number: M0853788
Account Number: A089774276
Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
				New: In Process Old: Verified	
4	07/04/2021 08:27	Sappington, Chaya A, RN	MCEDREDP06344	Status changed: New: Completed Old: In Process	NA
Routine Care	210704-0801526171	Completed	07/04/2021 08:00	Delauter, Daniel A, CRNP Q1HXL	Delauter, Daniel A, CRNP Order Source: PGM

Prep-CT FAC Procedure
Stop Reason: Completed by Pcs

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 08:01	Delauter, Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	N
1 07/04/2021 08:01	Delauter, Daniel A, CRNP	MCEDRED2T05430	Reflex Order generated from CT FACIAL BONES W CONT 210704-080152601	N
2 07/04/2021 08:01	Delauter, Daniel A, CRNP	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OH ORD OV-2 NMI INTERFACE	NA
3 07/04/2021 08:02	Daemon, Background	FRD-BG15	Old: Status changed: New: In Process	NA
4 07/04/2021 08:27	Sappington, Chaya A, RN	MCEDREDP06344	Old: Verified Status changed: New: Completed Old: In Process	NA

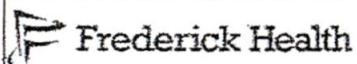
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Medications: 210704-080152632 Completed 07/04/2021 08:00 Delauter, Daniel A, CRNP Delauter, Daniel A, CRNP
Allergy Check For IV Dye Order Source: PGM
Stop Reason: DC'd by Discharge

Medication Dose Per
Allergy Check For IV Dye 1 EA
[Allergy Check For IV Dye]

Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
IV	AS DIRECTED	PRN	Allergic Reaction				
Stop Date/Time: 07/06/2021 07:59							
Discontinued: 07/04/2021 13:19							

Continued on Next Page



Patient Order Summary

Page: 14 of 31
 Date: 07/06/2021 02:28
 User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F Location: NUR-Emergency Dept Medical Record Number: M0953782
 ED Provider: Delauter,Daniel A, CRNP Account Number: A089774276
 Reason: Assault Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
	Date & Time	User		Device	Acknowledged
1	07/04/2021 08:01	Delauter,Daniel A, CRNP		MCEDRED2T05430	Order is Entered and Signed N
1	07/04/2021 08:01	Delauter,Daniel A, CRNP		MCEDRED2T05430	Reflex Order generated from CT FACIAL ZONES N
2	07/04/2021 08:02	Daemon,Background		FRD-BG15	W CCNT 210704-080152601 Status changed: NA
3	07/04/2021 08:02	Daemon,Background		FRD-CM03	New: Transmitted Old: Verified Order Type edited: N
4	07/04/2021 08:02	Daemon,Background		FRD-CM03	New: P Old: Status changed: NA
5	07/04/2021 13:19	Daemon,Background		FRD-CM03	New: Pha Verified Old: Transmitted Status changed: N
					New: Completed Old: Pha Verified

CT Scan 210704-0801526321 Completed 07/04/2021 09:15 Delauter,Daniel A, CRNP Delauter,Daniel A, CRNP
 Initiate Rad Contrast Protoc C Routine Order Source: POM

Stop Reason: Completed by Its

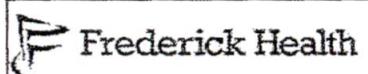
Reason For Exam Initiate Radiology Contrast Protoc

ITS Sites Main Hospital

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed N	
1	07/04/2021 08:01	Delauter,Daniel A, CRNP	MCEDRED2T05430	Reflex Order generated from CT FACIAL BONES N	
2	07/04/2021 08:01	Delauter,Daniel A, CRNP	FRD-BG15	W CCNT 210704-080152601 Sent to Other Vendor: NA	
3	07/04/2021 08:02	Daemon,Background	FRD-BG15	New: ORDERS FOR OM ORD OV-3 NMI INTERFACE Old: Status changed: NA	
4	07/04/2021 08:02	Daemon,Background	FRD-CM03	New: Transmitted Old: Verified Status changed: NA	

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Patient Order Summary

Page: 15 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F
 ED Provider: Delauter,Daniel A, CRNP
 Reason: Assault

Location: NUR-Emergency Dept

Medical Record Number: M0853788
 Account Number: A089774276
 Registration: 07/04/2021

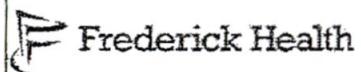
Category	Order	Status	Start	Ord Provider	Entered By
5	07/04/2021 09:05	Humayun,Madiha		FRD-CM03	
6	07/04/2021 09:05	Humayun,Madiha		FRD-CM03	
7	07/04/2021 09:05	Humayun,Madiha		FRD-CM03	
CT Scsn	210704-084411460	Resulted	07/04/2021 09:15	Delauter,Daniel A, CRNP	Delauter,Daniel A, CRNP
CT HEAD WO + HEAD-NECK ANGIO W				Urgent	Order Source: POM

Reason For Exam: trauma, strangulation

ITS Sites: Main Hospital

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 08:44	Humayun,Madiha	FRD-CM03	Order created because of edit(s)	N
1	07/04/2021 08:44	Humayun,Madiha	FRD-CM03	Copied from CT ANGIO HEAD + NECK Urgent 210704-080152585	N
2	07/04/2021 08:44	Humayun,Madiha	FRD-CM03	Order is Signed by Delauter,Daniel A, CRNP	N
3	07/04/2021 08:44	Humayun,Madiha	FRD-CM03	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 RMI INTERFACE Old:	NA
4	07/04/2021 09:05	Humayun,Madiha	FRD-CM03	Status changed: New: Taken Old: Logged	NA
5	07/04/2021 09:05	Humayun,Madiha	FRD-CM03	Start Time edited: New: 09:15 Old: 08:00	N
6	07/04/2021 09:30	Daemon,Background	FRD-CM03	Status changed: New: Resulted Old: Taken	NA

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Patient Order Summary

Page: 16 of 31
Date: 07/08/2021 02:28
User: Palmer, Anne L

A089774276 Popovich, Alicia Marie
28/F ED Provider: Delauter, Daniel A, CRNP
Reason: Assault

Location: NUR-Emergency Dept

Medical Record Number: M0853788
Account Number: A089774276
Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
HEMATOLOGY	210704-080227262	Completed	07/04/2021 08:26	Delauter, Daniel A, CRNP	Delauter, Daniel A, CRNP
CBC w/Platelet & Differential				Stat	Order Source: POM

Stop Reason: Completed by Lis

Specimen Has been collected

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 08:02	Delauter, Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	N
2 07/04/2021 08:02	Delauter, Daniel A, CRNP	FRD-BG15	Sent to Other Vendor:	NA
3 07/04/2021 08:02	Daemon, Background	FRD-BG15	New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
4 07/04/2021 08:02	Daemon, Background	FRD-CM03	Status changed: New: Transmitted Old: Verified	NA
5 07/04/2021 08:34	Daemon, Background	FRD-CM03	Status changed: New: Logged Old: Transmitted	NA
6 07/04/2021 08:34	Daemon, Background	FRD-CM03	Start Time edited: New: 08:26 Old: 08:02	NA
7 07/04/2021 08:47	Daemon, Background	FRD-CM03	Status changed: New: In Process Old: Logged	NA
			New: Completed Old: In Process	NA

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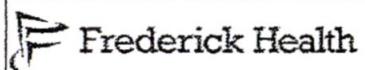
Chemistry	Order	Status	Start	Ord Provider	Entered By
CHEMISTRY	210704-0802272621	Completed	07/04/2021 08:26	Delauter, Daniel A, CRNP	Delauter, Daniel A, CRNP
Comprehensive Metabolic Panel				Stat	Order Source: POM

Stop Reason: Completed by Lis

Specimen Has been collected

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 08:02	Delauter, Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	N
2 07/04/2021 08:02	Delauter, Daniel A, CRNP	FRD-BG15	Sent to Other Vendor:	NA
			New: ORDERS FOR OM ORD OV-2 NMI INTERFACE	

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Patient Order Summary

Page: 17 of 31

Date: 07/08/2021 02:28

User: Palmer,Anne L

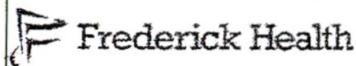
A089774276 Popovich,Alicia Marie
 28/F
 ED Provider: Delauter,Daniel A, CRNP
 Reason: Assault

Location: NUR-Emergency Dept
 Medical Record Number: M0853789
 Account Number: A089774276
 Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
3	07/04/2021 08:02	Daemon, Background		FRD-BG15	Old: Status changed: New: Transmitted Old: Verified
4	07/04/2021 08:02	Daemon, Background		FRD-CM03	Old: Status changed: New: Logged Old: Transmitted
5	07/04/2021 08:39	Daemon, Background		FRD-CM03	Old: Start Time edited: New: 08:26 Old: 08:02
6	07/04/2021 08:39	Daemon, Background		FRD-CM03	Old: Status changed: New: In Process Old: Logged
7	07/04/2021 09:11	Daemon, Background		FRD-CM03	Old: Status changed: New: Completed Old: In Process
Routine Care	210704-080408469	Completed	07/04/2021 08:04	Delautzer,Daniel A, CRNP	Sappington,Chaya A, RN
IV/IID, Site Initiate				ONE TIME	Order Source: RN/PNC Protocol Orders
Stop Reason: Completed by Pcs					

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Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 08:04	Sappington,Chaya A, RN	MCEDREDP06344	No Signature is Necessary	N
1 07/04/2021 08:04	Sappington,Chaya A, RN	MCEDREDP06344	Order is Entered	N
2 07/04/2021 08:04	Sappington,Chaya A, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD CV-2 NMI INTERFACE	N
3 07/04/2021 08:04	Daemon, Background	FRD-BG15	Old: Status changed: New: In Process Old: Verified	NA
4 07/04/2021 08:11	Sappington,Chaya A, RN	MCEDREDP06344	Old: Status changed: New: Completed Old: In Process	NA



Patient Order Summary

Page: 18 of 31
Date: 07/04/2021 02:28
User: Palmer, Anne L

A089774276 Popovich, Alicia Marie
26/F Location: NUR-Emergency Dept
ED Provider: Delauter, Daniel A, CRNP
Reason: Assault
Medical Record Number: M0853782
Account Number: A089774276
Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
Medications	210704-084822953	Completed	07/04/2021 08:48	Delauter, Daniel A, CRNP	Delauter, Daniel A, CRNP

Toradol * Order Source: POM

Stop Reason: Reached Stop Date

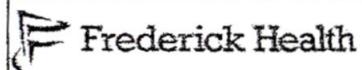
Medication	Dose	Per
Ketorolac Vial * [Toradol *]	30 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
IV	ONE TIME		ONE				
Stop Date/Time: 07/04/2021 08:49							
Discontinued: 07/04/2021 08:49							

Label Comments: FOR PAIN
NOT TO EXCEED 120 MG/DAY FOR A TOTAL OF 5
DAYS ONLY. REDUCE DOSE IN ELDERLY

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 08:48	Delauter, Daniel A, CRNP	MCEDRED2T05430	Order is Entered and Signed	Y
2 07/04/2021 08:48	Daemon, Background	FRD-BG18	Status changed: New: Transmitted Old: Verified	NR
3 07/04/2021 08:48	Daemon, Background	FRD-CM03	Order Type edited: New: M Old:	Y
4 07/04/2021 08:48	Daemon, Background	FRD-CM03	Status changed: New: Pha Verified Old: Transmitted	NR
5 07/04/2021 08:49	Daemon, Background	FRD-CM03	Status changed: New: Completed Old: Pha Verified	Y
6 07/04/2021 08:54	Sappington, Chaya A, RN	MCEDREDTC00003	Order acknowledged	NR

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Patient Order Summary

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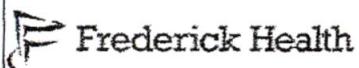
Date: 07/04/2021 02:28

User: Palmer, Anne L.

A089774276 Popovich, Alicia Marie 28/F ED Provider: Delauter, Daniel A, CRNP Reason: Assault				Location: NUR-Emergency Dept	Medical Record Number: M0853788 Account Number: A089774276 Registration: 07/04/2021
Category	Order	Status	Start	Ord Provider	Entered By
REFERENCE	210704-100223026	Completed	07/04/2021 13:40	Delauter, Daniel A, CRNP	Palmer, Anne L, RN
CHLAMYDIA/GC PCR ENDOCERVIX				Stat	Order Source: RN/ANC Protocol Orders
Stop Reason: Completed by Lis					
Specimen Has been collected					
Date & Time	User	Device	Event	Acknowledged	
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	No Signature is Necessary	N	
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	Order is Entered	N	
2 07/04/2021 10:02	Palmer, Anne L, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA	
3 07/04/2021 10:02	Daemon, Background	FRD-BG15	Status changed: New: Transmitted	NA	
4 07/04/2021 10:02	Daemon, Background	FRD-CM03	Old: Verified Status changed: New: Logged	NA	
5 07/04/2021 14:46	Daemon, Background	FRD-CM03	Old: Transmitted Start Time edited: New: 13:40	NA	
6 07/04/2021 14:48	Daemon, Background	FRD-CM03	Old: 09:59 Status changed: New: In Process	NA	
7 07/05/2021 13:16	Daemon, Background	FRD-CM03	Old: Logged Status changed: New: Completed	NA	
Old: In Process					
REFERENCE	210704-100223039	Completed	07/04/2021 12:02	Delauter, Daniel A, CRNP	Palmer, Anne L, RN
CHLAMYDIA/GC PCR THROAT				Stat	Order Source: RN/ANC Protocol Orders
Stop Reason: Completed by Lis					
Specimen Has been collected					
Date & Time	User	Device	Event	Acknowledged	
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	No Signature is Necessary	N	
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	Order is Entered	N	

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Patient Order Summary

Page: 20 of 31
Date: 07/09/2021 02:28
User: Palmer,Anne L

A089774276 Popovich, Alicia Marie
28/F Location: NUR-Emergency Dept Medical Record Number: M0853788
ED Provider: Delauter, Daniel A, CRNP Account Number: A089774276
Reason: Assault Registration: 07/04/2021

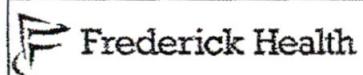
Category	Order	Status	Start	Ord Provider	Entered By
2	07/04/2021 10:02	Palmer,Anne L, RN		FRD-BG15	NA
					Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:
3	07/04/2021 10:02	Daemon,Background		FRD-BG15	NA
					Status changed: New: Transmitted Old: Verified
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	NA
					Status changed: New: Logged Old: Transmitted
5	07/04/2021 14:48	Daemon,Background		FRD-CM03	NA
					Start Time edited: New: 12:02 Old: 09:59
6	07/04/2021 14:48	Daemon,Background		FRD-CM03	NA
					Status changed: New: In Process Old: Logged
7	07/05/2021 13:17	Daemon,Background		FRD-CM03	NA
					Status changed: New: Completed Old: In Process

REFERENCE 210704-100223053 Completed 07/04/2021 10:00 Delauter, Daniel A, CRNP Palmer, Anne L, RN
CHLAMYDIA/GC PCR URINE | Stat Order Source: RN/ANC Protocol Orders
Stop Reason: Completed by Lis

Specimen	Has been collected				
Date & Time	User	Device	Event	Acknowledged	
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	No Signature is Necessary	N	
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	Order is Entered	N	
2 07/04/2021 10:02	Palmer, Anne L, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA	
3 07/04/2021 10:02	Daemon,Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA	
4 07/04/2021 10:02	Daemon,Background	FRD-CM03	Status changed: New: Logged Old: Transmitted	NA	

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Patient Order Summary

Page: 21 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F ED Provider: Delauter,Daniel A, CRNP
 Reason: Assault

Location: NUR-Emergency Dept

Medical Record Number: M0653788
 Account Number: A089774276
 Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
5	07/04/2021 14:49	Daemon,Background		FRD-CM03	Start Time edited: New: 10:00 Old: 09:59
6	07/04/2021 14:49	Daemon,Background		FRD-CM03	Status changed: New: In Process Old: Logged
7	07/05/2021 13:16	Daemon,Background		FRD-CM03	Status changed: New: Completed Old: In Process

CHEMISTRY 210704-100223067 Cancelled 07/04/2021 10:01 Delauter,Daniel A, CRNP Palmer,Anne L, RN
 HEPATIC FUNCTION PANEL Stat Order Source: RN/ANC Protocol Orders

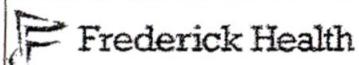
Stop Reason: Specimen cancelled. Duplicate order. Please see results on

Specimen	Has been collected				
	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 10:02	Palmer,Anne L, RN	PC1070	No Signature is Necessary	N
1	07/04/2021 10:02	Palmer,Anne L, RN	PC1070	Order is Entered	N
2	07/04/2021 10:02	Palmer,Anne L, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
3	07/04/2021 10:02	Daemon,Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA
4	07/04/2021 10:02	Daemon,Background	FRD-CM03	Status changed: New: Logged Old: Transmitted	NA
5	07/05/2021 01:03	Rade,Amy R	FRD-CM03	Status changed: New: Cancelled Old: Logged	N

CHEMISTRY 210704-100223061 Cancelled 07/04/2021 09:59 Delauter,Daniel A, CRNP Palmer,Anne L, RN
 HEPATITIS C VIRUS ANTIBODY Stat Order Source: RN/ANC Protocol Orders

Stop Reason: Cancelled by Lis

Specimen	Has been collected				
Continued on Next Page					



Patient Order Summary

Page: 22 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F
 ED Provider: Delauster,Daniel A, CRNP
 Reason: Assault

Location: NUR-Emergency Dept
 Medical Record Number: M0853788
 Account Number: A089774276
 Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By	Acknowledged
	Date & Time	User		Device	Event	
1	07/04/2021 10:02	Palmer,Anne L, RN		PC1070	No Signature is Necessary	N
1	07/04/2021 10:02	Palmer,Anne L, RN		PC1070	Order is Entered	N
2	07/04/2021 10:02	Palmer,Anne L, RN		FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE Old:	NA
3	07/04/2021 10:02	Daemon,Background		FRD-BG15	Status changed: New: Transmitted Old: Verified	NA
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	Status changed: New: Logged Old: Transmitted	NA
5	07/05/2021 01:04	Rada,Amy R		FRD-CM03	Status changed: New: Cancelled Old: Logged	N

Medications: 210704-100223084 Completed 07/04/2021 09:49 Delauster,Daniel A, CRNP Palmer,Anne L, RN
 Flagyl * Order Source: RN/ANC Protocol Orders

Stop Reason: Reached Stop Date

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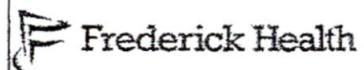
Medication	Dose	Per				
metronIDAZOLE * [Flagyl *]	2,000 MG					
Route	Frequency	Sched PRN Reason	Days	Hours	Total Doses	Clinical Indication
PO	ONE TIME	ONE				15. STI Prophylaxis/Treatment

Stop Date/Time: 07/04/2021 09:50
 Discontinued: 07/04/2021 09:50

Label Comments: If alcohol screen is negative,
 abstain from alcohol for 24 hours after dose

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 10:02	Palmer,Anne L, RN	PC1070	No Signature is Necessary	Y
1 07/04/2021 10:02	Palmer,Anne L, RN	PC1070	Order is Entered	Y
2 07/04/2021 10:02	Daemon,Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA

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Patient Order Summary

Page: 23 of 31

Date: 07/06/2021 02:28

User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F ED Provider: Delauter,Daniel A, CRNP
 Reason: Assault

Location: NUR-Emergency Dept

Medical Record Number: M0853788
 Account Number: A089774276
 Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
3	07/04/2021 10:02	Daemon,Background		FRD-CM03	Order Type edited: New: M Old:
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	Status changed: New: Logged Old: Transmitted
5	07/04/2021 11:33	Rogalski,Andrew L, PharmD		FRD-CM03	Clinical Indication added: New: 15. Sti Prophylaxis/Treatment Old:
6	07/04/2021 11:33	Rogalski,Andrew L, PharmD		FRD-CM03	Status changed: New: Pha Verified Old: Logged
7	07/04/2021 11:35	Daemon,Background		FRD-CM03	Status changed: New: Completed Old: Pha Verified
8	07/04/2021 11:54	Palmer,Anne L, RN		PC1070	Order acknowledged

Medications: 210704-100223088 Once 07/04/2021 09:49 Delauter,Daniel A, CRNP Palmer,Anne L, RN
 Order Source: RN/ANC Protocol Orders

Medication Dose Per
 Hiv Post Exposure Prophylaxis 1 EA

Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
PO	ONE TIME		ONE				15. Sti Prophylaxis/Treatment
Stop Date/Time: 07/04/2021 09:50							
Discontinued: 07/04/2021 09:50							

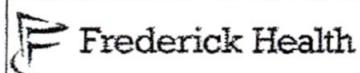
Label Comments: Pull kit from pyxis and send home with patient

Contains:
 30 x Truvada
 60 x Isentress

Date & Time	User	Device	Event	Acknowledged
07/04/2021 10:02	Palmer,Anne L, RN	PC1070	No Signature is Necessary	N
07/04/2021 10:02	Palmer,Anne L, RN	PC1070	Order is Entered	N

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Patient Order Summary

Page: 24 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F
 ED Provider: Delauter,Daniel A, CRNP
 Reason: Assault

Location: NUR-Emergency Dept

Medical Record Number: M0653788
 Account Number: A089774276
 Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
2	07/04/2021 10:02	Daemon,Background		FRD-BG15	NA
					Status changed: New: Transmitted Old: Verified
3	07/04/2021 10:02	Daemon,Background		FRD-CM03	N
					Order Type edited: New: PRN Old:
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	NA
					Status changed: New: Logged Old: Transmitted
5	07/04/2021 11:35	Rogalski,Andrew L, PharmD		FRD-CM03	NA
					Clinical Indication added: New: 15. Sti Prophylaxis/Treatment Old:
6	07/04/2021 11:35	Rogalski,Andrew L, PharmD		FRD-CM03	NA
					Status changed: New: Pma Verified Old: Logged
7	07/04/2021 11:35	Daemon,Background		FRD-CM03	N
					Status changed: New: Completed Old: Pma Verified

Medications 210704-100223092 Completed 07/04/2021 09:49 Delauter,Daniel A, CRNP Palmer,Anne L, RN
 Isentress * Order Source: RN/ANC Protocol Orders

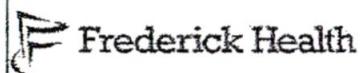
Stop Reason: Reached Stop Date

Medication	Dose	Per	
Raltegravir Potassium *	400 MG		
[Isentress *]			
Route	Frequency	Sched	PRN Reason
PO	ONE TIME	ONS	
Stop Date/Time:	07/04/2021 09:50		
Discontinued:	07/04/2021 09:50		

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 10:02	Palmer,Anne L, RN	PC1070	No Signature is Necessary	Y
1 07/04/2021 10:02	Palmer,Anne L, RN	PC1070	Order is Entered	Y
2 07/04/2021 10:02	Daemon,Background	FRD-BG15	Status changed:	NA

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Patient Order Summary

Page: 25 of 31
 Date: 07/04/2021 02:28
 User: Palmer, Anne L.

A089774276 Popovich, Alicia Marie
 28/F ED Provider: Delauter, Daniel A, CRNP
 Reason: Assault

Location: NUR-Emergency Dept

Medical Record Number: M0853788
 Account Number: A089774276
 Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
3	07/04/2021 10:02	Daemon, Background		FRD-CM03	
4	07/04/2021 10:02	Daemon, Background		FRD-CM03	
5	07/04/2021 11:34	Rogalski, Andrew L, PharmD		FRD-CM03	
6	07/04/2021 11:34	Rogalski, Andrew L, PharmD		FRD-CM03	
7	07/04/2021 11:35	Daemon, Background		FRD-CM03	
8	07/04/2021 12:05	Palmer, Anne L, RN		PC1070	

Medications 210784-100223096 Completed 07/04/2021 09:49 Delauter, Daniel A, CRNP Palmer, Anne L, RN
 Order Source: RN/ANC Protocol Orders

Plan B *

Stop Reason: Reached Stop Date

Medication Dose Per
 Levonorgestrel * [Plan B *] 1 UNIT

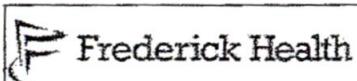
Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
PO	ONE TIME						
Stop Date/Time: 07/04/2021 09:50							
Discontinued: 07/04/2021 09:50							

Label Comments: ONE TAB = 1.5 MG

Date & Time	User	Device	Event	Acknowledged
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	No Signature is Necessary	Y
1 07/04/2021 10:02	Palmer, Anne L, RN	PC1070	Order is Entered	Y
2 07/04/2021 10:02	Daemon, Background	FRD-BG15	Status changed:	NA

Continued on Next Page

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Patient Order Summary

Page: 26 of 31
Date: 07/08/2021 02:28
User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
28/F Location: NUR-Emergency Dept
ED Provider: Delauter,Daniel A, CRNP
Reason: Assault
Medical Record Number: M0853788
Account Number: A089774276
Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
3	07/04/2021 10:02	Daemon,Background		FRD-CM03	New: Transmitted Old: Verified Order Type edited: Y
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	New: M Old: Status changed: NA
5	07/04/2021 10:02	Daemon,Background		FRD-CM03	New: Pha Verified Old: Transmitted Status changed: Y
6	07/04/2021 12:05	Palmer,Anne L, RN		PC1070	New: Completed Old: Pha Verified Order acknowledged NA

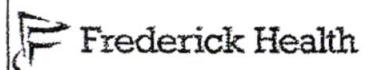
Medications 210704-190223101 Completed 07/04/2021 09:49 Delauter,Daniel A, CRNP Palmer,Anne L, RN
Rocephin Vial * Order Source: RN/ANC Protocol Orders
Stop Reason: Reached Stop Date 250

Medication Dose Per
ceffRAkone VIAL * (Rocephin 500 MG
Vial *)

Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
IM	ONE TIME	ONE					15. STI Prophylaxis/Treatment
Stop Date/Time: 07/04/2021 09:50							
Discontinued: 07/04/2021 09:50							

Dose Instruction: FOR IM ADMINISTRATION: DILUTE WITH 1 ML LIDOCAINE 1%
CONCENTRATION = 350 MG/ML
Label Comments: FOR *IM* USE - DO NOT GIVE IV!
DILUTED WITH LIDOCAINE 1%
CONCENTRATION = 350 MG/ML
DOSE = 500 MG VOLUME = 1.4 ML
FOR ROCEPHIN * IM * ADMIN:
Reconstitute 500 mg with 1 ml
Lidocaine 1%
Stable 24 hrs at ROOM TEMP

Continued on Next Page



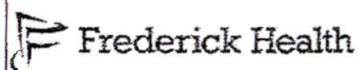
Patient Order Summary

Page: 27 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276	Popovich,Alicia Marie	Location: NUR-Emergency Dept	Medical Record Number: M0853786				
28/F	ED Provider: Delauter,Daniel A, CRNP		Account Number: A089774276				
	Reason: Assault		Registration: 07/04/2021				
<hr/>							
Category	Order	Status	Start	Ord Provider	Entered By	Acknowledged	
	Date & Time	User		Device	Event		
1	07/04/2021 10:02	Palmer,Anne L, RN		PC1070	No Signature is Necessary	Y	
1	07/04/2021 10:02	Palmer,Anne L, RN		PC1070	Order is Entered	Y	
2	07/04/2021 10:02	Daemon,Background		FRD-BG15	Status changed: New: Transmitted Old: Verified	NA	
3	07/04/2021 10:02	Daemon,Background		FRD-CM03	Order Type edited: New: M Old:	Y	
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	Status changed: New: Pha Verified Old: Transmitted	NA	
5	07/04/2021 10:02	Daemon,Background		FRD-CM03	Status changed: New: Completed Old: Pha Verified	Y	
6	07/04/2021 12:05	Palmer,Anne L, RN	PC1070		Order acknowledged	NA	
Medications	210704-100223105	Completed	07/04/2021 09:49	Delauter,Daniel A, CRNP	Palmer,Anne L, RN		
Truvada 200-300 mg *				Order Source: RN/ANC Protocol Orders			
Stop Reason: Reached Stop Date							
Medication	Dose	Per					
Emtricitabine/Tenofovir *	1 TAB						
[Truvada 200-300 mg *]							
Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
PO	ONE TIME	ONE					15. Sti Prophylaxis/Treatment
Stop Date/Time: 07/04/2021 09:50							
Discontinued: 07/04/2021 09:50							
	Date & Time	User		Device	Event		Acknowledged
1	07/04/2021 10:02	Palmer,Anne L, RN		PC1070	No Signature is Necessary	Y	
1	07/04/2021 10:02	Palmer,Anne L, RN		PC1070	Order is Entered	Y	
2	07/04/2021 10:02	Daemon,Background		FRD-BG15	Status changed: New: Transmitted Old: Verified	NA	

Continued on Next Page

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Patient Order Summary

Page: 28 of 31
Date: 07/08/2021 02:28
User: Palmer,Anne L

A089774276 Popovich,Alicia Marie Location: NUR-Emergency Dept Medical Record Number: MU953788
28/F ED Provider: Delauter,Daniel A, CRNP Account Number: A089774276
Reason: Assault Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
3	07/04/2021 10:02	Daemon,Background		FRD-CM03	Order Type edited: New: M Old:
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	Status changed: New: Logged Old: Transmitted
5	07/04/2021 11:33	Rogalski,Andrew L, PharmD		FRD-CM03	Clinical Indication added: New: 15. Sti Prophylaxis/Treatment Old:
6	07/04/2021 11:33	Rogalski,Andrew L, PharmD		FRD-CM03	Status changed: New: Pba Verified Old: Logged
7	07/04/2021 11:35	Daemon,Background		FRD-CM03	Status changed: New: Completed Old: Pba Verified
8	07/04/2021 12:05	Palmer,Anne L, RN		PC1070	Order acknowledged

Medications 210704-100223110 Cancelled 07/04/2021 09:49 Delauter,Daniel A, CRNP Palmer,Anne L, RN
Zithromax Tab *

Order Source: RN/ANC Protocol Orders

Stop Reason: DUPLICATE

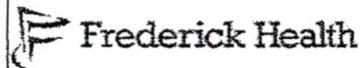
Medication	Dose	Per
Azithromycin Tab * (Zithromax Tab *)	1,000 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
PO	ONE TIME		ONE				11.0 Other - Use Label Comment
Stop Date/Time: 07/04/2021 09:50							

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 10:02	Palmer,Anne L, RN	PC1070	No Signature is Necessary	N
1	07/04/2021 10:02	Palmer,Anne L, RN	PC1070	Order is Entered	N
2	07/04/2021 10:02	Daemon,Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA
3	07/04/2021 10:02	Daemon,Background	FRD-CM03	Order Type edited:	N

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Patient Order Summary

Page: 29 of 31
 Date: 07/08/2021 02:28
 User: Palmer,Anne L

A089774276 Popovich,Alicia Marie
 28/F Location: NUR-Emergency Dept Medical Record Number: M0853788
 ED Provider: Delauter,Daniel A, CRNP Account Number: A089774276
 Reason: Assult Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
				New: M	
				Old:	
4	07/04/2021 10:02	Daemon,Background		FRD-CM03	Status changed: NA
5	07/04/2021 11:54	Palmer,Anne L, RN		PC1070	New: Logged N
6	07/04/2021 12:01	Delauter,Daniel A, CRNP		FRD-BG15	Old: Transmitted Clinical Indication added: N
7	07/04/2021 12:42	Seaton,Nancy J, PharmD		FRD-CM03	New: 11.0 Other - Use Label Comment NA
					Old:
					Order is Signed By Delauter,Daniel A, CRNP NA
					Status changed: N
					New: Cancelled
					Old: Logged

Medications 210704-190223116 Completed 07/04/2021 09:49 Delauter,Daniel A, CRNP Palmer,Anne L, RN
 Order Source: RN/ANC Protocol Orders 253
 Zofran Tab Odt * Stop Reason: Reached Stop Date

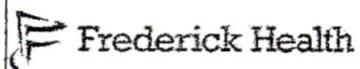
Medication Dose Per
 Ondansetron Tab Odt * [Zofran 4 MG Tab Odt *]

Route	Frequency	Sched	PRN Reason	Days	Hours	Total Doses	Clinical Indication
PO	ONE TIME	ONE:					
Stop Date/Time: 07/04/2021 09:50							
Discontinued: 07/04/2021 09:50							

Label Comments: PLACE ON TOP OF TONGUE

	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 10:02	Palmer,Anne L, RN	PC1070	No Signature is Necessary ?	
1	07/04/2021 10:02	Palmer,Anne L, RN	PC1070	Order is Entered ?	
2	07/04/2021 10:02	Daemon,Background	FRD-BG15	Status changed: NA	
				New: Transmitted	
				Old: Verified	
3	07/04/2021 10:02	Daemon,Background	FRD-CM03	Order Type edited: Y	
				New: M	
				Old:	

Continued on Next Page



Patient Order Summary

Page: 30 of 31
Date: 07/08/2021 02:28
User: Palmer, Anne L.

A089774276 Popovich, Alicia Marie
28/F Location: NUR-Emergency Dept
ED Provider: Delauter, Daniel A, CRNP
Reason: Assault
Medical Record Number: M0893788
Account Number: A089774276
Registration: 07/04/2021

Category	Order	Status	Start	Ord Provider	Entered By
	4 07/04/2021 10:02	Daemon, Background		FRD-CM03	Status changed: New: Pha Verified Old: Transmitted
	5 07/04/2021 10:02	Daemon, Background		FRD-CM03	Status changed: New: Completed Old: Pha Verified
	6 07/04/2021 12:05	Palmer, Anne L, RN		PC1070	Order acknowledged

TOKICOLOGY 210704-115702104 Cancelled 07/04/2021 11:55 Delauter, Daniel A, CRNP Palmer, Anne L, RN
ALCOHOL Stat Order Source: RN/ANC Protocol Orders

Stop Reason: Cancelled by Lis

Specimen Has been collected

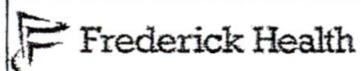
	Date & Time	User	Device	Event	Acknowledged
1	07/04/2021 11:57	Palmer, Anne L, RN	PC1070	No Signature is Necessary	N
1	07/04/2021 11:57	Palmer, Anne L, RN	PC1070	Order is Entered	N
2	07/04/2021 11:57	Palmer, Anne L, RN	FRD-BG15	Sent to Other Vendor: New: ORDERS FOR OM ORD OV-2 NMI INTERFACE	NA
				Old:	254
3	07/04/2021 11:57	Daemon, Background	FRD-BG15	Status changed: New: Transmitted	NA
				Old: Verified	
4	07/04/2021 11:57	Daemon, Background	FRD-CM03	Status changed: New: Logged	NA
				Old: Transmitted	
5	07/05/2021 01:04	Rada, Amy R	FRD-CM03	Status changed: New: Cancelled	N
				Old: Logged	

Medications 210704-115702107 Completed 07/04/2021 11:55 Delauter, Daniel A, CRNP Palmer, Anne L, RN
Zithromax Tab * Order Source: RN/ANC Protocol Orders

Stop Reason: Reached Stop Date

Medication Dose Per
Azithromycin Tab * [Zithromax 1,000 MG Tab *]

Continued on Next Page



Patient Order Summary

Page: 31 of 31

Date: 07/08/2021 02:28

User: Palmer, Anne L

A089774276	Popovich, Alicia Marie	Location: NUR-Emergency Dept	Medical Record Number: M0953788																																								
28/F	ED Provider: Delauter, Daniel A, CRNP		Account Number: A089774276																																								
	Reason: Assault		Registration: 07/04/2021																																								
<table><thead><tr><th>Category</th><th>Order</th><th>Status</th><th>Start</th></tr><tr><th>Route</th><th>Frequency</th><th>Sched</th><th>PRN Reason</th></tr></thead><tbody><tr><td>PO</td><td>ONE TIME</td><td>ONE</td><td></td></tr><tr><td colspan="4">Stop Date/Time: 07/04/2021 11:56</td></tr><tr><td colspan="4">Discontinued: 07/04/2021 11:56</td></tr></tbody></table>				Category	Order	Status	Start	Route	Frequency	Sched	PRN Reason	PO	ONE TIME	ONE		Stop Date/Time: 07/04/2021 11:56				Discontinued: 07/04/2021 11:56																							
Category	Order	Status	Start																																								
Route	Frequency	Sched	PRN Reason																																								
PO	ONE TIME	ONE																																									
Stop Date/Time: 07/04/2021 11:56																																											
Discontinued: 07/04/2021 11:56																																											
<table><thead><tr><th>Category</th><th>Order</th><th>Status</th><th>Start</th><th>Ord Provider</th><th>Entered By</th></tr><tr><th>Route</th><th>Frequency</th><th>Sched</th><th>PRN Reason</th><th>Days Hours</th><th>Total Doses</th><th>Clinical Indication</th></tr></thead><tbody><tr><td>PO</td><td>ONE TIME</td><td>ONE</td><td></td><td></td><td></td><td>11.0 Other - Use Label Comment</td></tr><tr><td colspan="4">Stop Date/Time: 07/04/2021 11:56</td><td></td><td></td><td></td></tr><tr><td colspan="4">Discontinued: 07/04/2021 11:56</td><td></td><td></td><td></td></tr></tbody></table>				Category	Order	Status	Start	Ord Provider	Entered By	Route	Frequency	Sched	PRN Reason	Days Hours	Total Doses	Clinical Indication	PO	ONE TIME	ONE				11.0 Other - Use Label Comment	Stop Date/Time: 07/04/2021 11:56							Discontinued: 07/04/2021 11:56												
Category	Order	Status	Start	Ord Provider	Entered By																																						
Route	Frequency	Sched	PRN Reason	Days Hours	Total Doses	Clinical Indication																																					
PO	ONE TIME	ONE				11.0 Other - Use Label Comment																																					
Stop Date/Time: 07/04/2021 11:56																																											
Discontinued: 07/04/2021 11:56																																											
<table><thead><tr><th>Date & Time</th><th>User</th><th>Device</th><th>Event</th><th>Acknowledged</th></tr></thead><tbody><tr><td>1 07/04/2021 11:57</td><td>Palmer, Anne L, RN</td><td>PC1070</td><td>No Signature is Necessary</td><td>Y</td></tr><tr><td>1 07/04/2021 11:57</td><td>Palmer, Anne L, RN</td><td>PC1070</td><td>Order is Entered</td><td>Y</td></tr><tr><td>2 07/04/2021 11:57</td><td>Daemon, Background</td><td>FRD-BG15</td><td>Status changed: New: Transmitted Old: Verified</td><td>NA</td></tr><tr><td>3 07/04/2021 11:57</td><td>Daemon, Background</td><td>FRD-CM03</td><td>Order Type edited: New: M Old:</td><td>Y</td></tr><tr><td>4 07/04/2021 11:57</td><td>Daemon, Background</td><td>FRD-CM03</td><td>Status changed: New: Pha Verified Old: Transmited</td><td>NA</td></tr><tr><td>5 07/04/2021 11:57</td><td>Daemon, Background</td><td>FRD-CM03</td><td>Status changed: New: Completed Old: Pha Verified</td><td>Y</td></tr><tr><td>6 07/04/2021 12:05</td><td>Palmer, Anne L, RN</td><td>PC1070</td><td>Order acknowledged</td><td>NA</td></tr></tbody></table>				Date & Time	User	Device	Event	Acknowledged	1 07/04/2021 11:57	Palmer, Anne L, RN	PC1070	No Signature is Necessary	Y	1 07/04/2021 11:57	Palmer, Anne L, RN	PC1070	Order is Entered	Y	2 07/04/2021 11:57	Daemon, Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA	3 07/04/2021 11:57	Daemon, Background	FRD-CM03	Order Type edited: New: M Old:	Y	4 07/04/2021 11:57	Daemon, Background	FRD-CM03	Status changed: New: Pha Verified Old: Transmited	NA	5 07/04/2021 11:57	Daemon, Background	FRD-CM03	Status changed: New: Completed Old: Pha Verified	Y	6 07/04/2021 12:05	Palmer, Anne L, RN	PC1070	Order acknowledged	NA
Date & Time	User	Device	Event	Acknowledged																																							
1 07/04/2021 11:57	Palmer, Anne L, RN	PC1070	No Signature is Necessary	Y																																							
1 07/04/2021 11:57	Palmer, Anne L, RN	PC1070	Order is Entered	Y																																							
2 07/04/2021 11:57	Daemon, Background	FRD-BG15	Status changed: New: Transmitted Old: Verified	NA																																							
3 07/04/2021 11:57	Daemon, Background	FRD-CM03	Order Type edited: New: M Old:	Y																																							
4 07/04/2021 11:57	Daemon, Background	FRD-CM03	Status changed: New: Pha Verified Old: Transmited	NA																																							
5 07/04/2021 11:57	Daemon, Background	FRD-CM03	Status changed: New: Completed Old: Pha Verified	Y																																							
6 07/04/2021 12:05	Palmer, Anne L, RN	PC1070	Order acknowledged	NA																																							

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DATE: 07/05/21 @ 0045
USER: PHABKGJOB

Frederick Health PIA *LIVE*
Medication Administration Summary

PAGE 1

Patient	Popovich Alicia Marie	Responsible Doctor	Delauter,Daniel A
Account Number	A089774276	Location	ED
Age/Sex	28/F	Room	Unit Number M0853788
Status	DEP ER	Bed	Registered Date 07/04/21
			Discharged Date

Height ft in cm Body Surface Area m²
Weight 166 lb 14.24 oz 75.7 kg

Drug Allergies No Known Drug Allergies (No Known Drug Allergies)

ADRS Not Recorded

*** Admission Medication Reconciliation completed?

Reason for Hospitalization:

Medication Provided by:

Authorization Comment:

KETOR30IN - KETOROLAC 30 MG/ML VIAL

Dose 30 MG (1 ML)

Admin Route IV

Start Date 07/04/21-0848 Stop Date 07/04/21 0849 DC Date 07/04/21-0849

Ordering Doctor Delauter,Daniel A

Total Dispensed 1

Rx Number 7152156

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given Bag	Reason Code	Items
07/04/21	0853	CSAPPING	Y		1
(07/04/21)	(0848)	Dose: 30 MG			

Admin Totals	1
--------------	---

DATE: 07/05/21 @ 0045
USER: PHABKGJOB

Frederick Health PHA *LIVE*
Medication Administration Summary

PAGE 2

Patient	Popovich, Alicia Marie	Responsible Doctor	Delauter, Daniel A
Account Number	A089774276	Location	ED
Age/Sex	28/F	Room	Unit Number M0853788
Status	DEP ER	Bed	Registered Date 07/04/21
			Discharged Date

Popovich, Alicia Marie	A089774276	(Continued)
------------------------	------------	-------------

CEFTR500IN - cefTRIAZone 500 MG/VIAL

Dose 500 MG (1 VIAL)
Dose Instruction FOR IM ADMINISTRATION: DILUTE WITH 1 ML LIDOCAINE 1%
CONCENTRATION = 350 MG/ML

Admin Route IM
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date 07/04/21-0950
Ordering Doctor Delauter, Daniel A
Clinical Indication 15. STI Prophylaxis/Treatment
Total Dispensed 1
Rx Number 7152231

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given	Bag	Reason	Code	Items
07/04/21	1212	N-RN-ALP	Y				1
(07/04/21) (0949) Dose: 500 MG							

Admin Totals	1
--------------	---

ONDAN40DT - ONDANSETRON 4 MG ODT TAB.RAPDIS

Dose 4 MG (1 TAB.RAPDIS)
Admin Route PO
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date 07/04/21-0950
Ordering Doctor Delauter, Daniel A
Total Dispensed 1
Rx Number 7152232

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given	Bag	Reason	Code	Items
07/04/21	1211	N-RN-ALP	Y				1
(07/04/21) (0949) Dose: 4 MG							

Admin Totals	1
--------------	---

DATE: 07/05/21 @ 0045
USER: PHABKGJOB

Frederick Health PHA *LIVE*
Medication Administration Summary

PAGE 3

Patient	Popovich, Alicia Marie	Responsible Doctor	Delauter, Daniel A
Account Number	A089774276	Location	ED
Age/Sex	28/F	Room	Unit Number M0853788
Status	DEP ER	Bed	Registered Date 07/04/21
			Discharged Date

Popovich, Alicia Marie A089774276 (Continued)

LEVON.75T - LEVONORGESTREL 1 UNIT

Dose 1 UNIT (1 UNIT)
Admin Route PO
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date 07/04/21-0950
Ordering Doctor Delauter, Daniel A
Total Dispensed 1
Rx Number 7152233

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given	Bag	Reason Code	Items
07/04/21		1211 N-RN-ALP	Y			1
(07/04/21)	(0949)	Dose: 1 UNIT				

Admin Totals 1

METRO500T - metronIDAZOLE 500 MG TAB

Dose 2,000 MG (4 TABLETS)
Admin Route PO
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date 07/04/21-0950
Ordering Doctor Delauter, Daniel A
Clinical Indication 15. STI Prophylaxis/Treatment
Total Dispensed 0
Rx Number 7152375

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given	Bag	Reason Code	Items
07/04/21		1154 N-RN-ALP	N		CRITLAB	1
(07/04/21)	(0949)	Dose: 2000 MG				

Admin Totals 1

DATE: 07/05/21 @ 0045
USER: PHABKGJOB

Frederick Health PHA *LIVE*
Medication Administration Summary

PAGE 4

Patient	Popovich, Alicia Marie	Responsible Doctor	Delauter, Daniel A
Account Number	A089774276	Location	ED
Age/Sex	28/F	Room	Unit Number M0853788
Status	DEP ER	Bed	Registered Date 07/04/21
			Discharged Date

Popovich, Alicia Marie A089774276 (Continued)

TRUVADA - EMTRICITABINE/TENOFOVIR 200-300 MG 1 TAB

Dose 1 TAB (1 TABLET)
Admin Route PO
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date 07/04/21-0950
Ordering Doctor Delauter, Daniel A
Clinical Indication 15. STI Prophylaxis/Treatment
Total Dispensed 1
Rx Number 7152376

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given	Bag	Reason	Code	Items
07/04/21	1211	N-RN-ALP	Y				1
(07/04/21)	(0949)	Dose: 1 TAB					

Admin Totals 1

RALTE400T - Raltegravir Potassium 400 MG TAB

Dose 400 MG (1 TABLET)
Admin Route PO
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date 07/04/21-0950
Ordering Doctor Delauter, Daniel A
Clinical Indication 15. STI Prophylaxis/Treatment
Total Dispensed 1
Rx Number 7152377

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given	Bag	Reason	Code	Items
07/04/21	1211	N-RN-ALP	Y				1
(07/04/21)	(0949)	Dose: 400 MG					

Admin Totals 1

DATE: 07/05/21 @ 0045
USER: PHABKGJOB

Frederick Health PHA *LIVE*
Medication Administration Summary

PAGE 5

Patient	Popovich, Alicia Marie	Responsible Doctor	Delauter, Daniel A
Account Number	A089774276	Location	ED
Age/Sex	28/F	Room	Unit Number M0853788
Status	DEP ER	Bed	Registered Date 07/04/21
			Discharged Date

Popovich, Alicia Marie A089774276 (Continued)

AZITH250T - AZITHROMYCIN 250 MG TAB

Dose 1,000 MG (4 TABLETS)
Admin Route PO
Start Date 07/04/21-1155 Stop Date 07/04/21 1156 DC Date 07/04/21-1156
Ordering Doctor Delauter, Daniel A
Clinical Indication 11.0 Other - Use label comment
Total Dispensed 4
Rx Number 7152414

Discontinue Comments Reached Stop Date

History

Admin Date	Time	User	Given	Bag	Reason	Code	Items
07/04/21	1211	N-RN-ALP	Y				4
(07/04/21)	(1155)	Dose: 1000 MG					

Admin Totals 4

AZITH250T - AZITHROMYCIN 250 MG TAB

Dose 1,000 MG (4 TABLETS)
Admin Route PO
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date
Ordering Doctor Delauter, Daniel A
Clinical Indication 11.0 Other - Use label comment
Total Dispensed
Rx Number T3934202

History

DATE: 07/05/21 @ 0045
USER: PHABKGJOB

Frederick Health PHA *LIVE*
Medication Administration Summary

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Patient	Popovich, Alicia Marie	Responsible Doctor	Delauter, Daniel A
Account Number	A089774276	Location	ED
Age/Sex	28/F	Room	Unit Number M0853788
Status	DEP ER	Bed	Registered Date 07/04/21
			Discharged Date

Popovich, Alicia Marie A089774276 (Continued)

IVDYEALLCK - ALLERGY CHECK FOR IV DYE

Dose 1 EA (1 EACH)
Admin Route IV
Frequency ASDIRECTED (PRN) PAR=0 PRN REASON: ALLER -Allergic Reaction
Start Date 07/04/21-0800 Stop Date 07/06/21 0759 DC Date 07/04/21-1319
Ordering Doctor Delauter, Daniel A
Total Dispensed 0
Rx Number 7152114

Discontinue Comments DC'd by Discharge

History

HIVKIT - HIV POST EXPOSURE PROPHYLAXIS KIT

Dose 1 EA (1 ITEM)
Admin Route PO
Start Date 07/04/21-0949 Stop Date 07/04/21 0950 DC Date 07/04/21-0950
Ordering Doctor Delauter, Daniel A
Clinical Indication 15. STI Prophylaxis/Treatment
Total Dispensed 1
Rx Number 7152378

Discontinue Comments Reached Stop Date

History

This is the end of the MAR Summary for Patient A089774276 - Popovich, Alicia Marie.

07/05/21	Medication Discharge Summary	
Name: Popovich, Alicia Marie	Unit Num: M0853788	Account Num: A089774276

ADMINISTRATION PERIOD: 1500 07/05/21 to 1530 07/04/21 (Continued)	START	STOP
--	-------	------

ZOFAN TAB 00T * (ONDANSETRON 4 MG 00T TAB.RADDIS)
4 MG PO One Time Only/CME
Comments: PLACE ON TOP OF TONGUS
RX #: 7152232

07/04/21 0949 N-RN-ALP at 1211 GAVE: 4 MG
07/04/21 Barcode Medication: ZOFAN TAB 00T *
NDC/DIN: 6526239010 (SOURCE: eMAR)
DC 1002 PHABKGJOB
ACR 1205 N-RN-ALP

PLAN B * (LEVONORGESTREL 1 UNIT)
1 UNIT PO One Time Only/CME
Comments: CME TAB = 1.5 MG
RX #: 7152232

07/04/21 0949 N-RN-ALP at 1211 GAVE: 1 UNIT
07/04/21 Barcode Medication: PLAN B *
NDC/DIN: 1671480901 (SOURCE: eMAR)
DC 1002 PHABKGJOB
TIN 1133 PHABKGJOB
MEDI.WASTE - Medicare Waste
Description: LEVON.75T Drug Waste: 0
ACR 1205 N-RN-ALP

TRUVADA 200-300 MG * (EMTRICITABINE/TENOFOVIR 200-300 MG 1 TAB)
1 TAB PO One Time Only/CME
RX #: 7152276

07/04/21 0949 N-RN-ALP at 1211 GAVE: 1 TAB
07/04/21 Barcode Medication: TRUVADA 200-300 MG *
NDC/DIN: 6195807011 (SOURCE: eMAR)
ED 1132 AROGALSKI
ED 1133 AROGALSKI
DC 1135 PHABKGJOB
TIN 1133 PHABKGJOB
MEDI.WASTE - Medicare Waste
Description: TRUVADA Drug Waste: 0
ACR 1205 N-RN-ALP

ISENTRESS * (RALTEGRAVIR POTASSIUM 400 MG TAB)
400 MG PO One Time Only/CME
RX #: 7152277

07/04/21 0949 N-RN-ALP at 1211 GAVE: 400 MG
07/04/21 Barcode Medication: ISENTRESS *
NDC/DIN: 0006022761 (SOURCE: eMAR)
ED 1134 AROGALSKI
ED 1134 AROGALSKI
DC 1135 PHABKGJOB
TIN 1133 PHABKGJOB
MEDI.WASTE - Medicare Waste
Description: Raltegravir Drug Waste: 0
ACR 1205 N-RN-ALP

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DATE: 07/05/21 0 0045
USER: PHABKGJOB

Frederick Health PRA "LIVE"
Medication Discharge Summary Report

PAGE 3

07/05/21

Medication Discharge Summary

Name: Popovich, Alicia Marie

Unit Num: M0053708

Account Num: A089774276

ADMINISTRATION PERIOD:	START	STOP
1550 07/03/21 to 1459 07/04/21 (continued)		

HIV POST EXPOSURE PROPHYLAXIS (HIV POST EXPOSURE PROPHYLAXIS KIT)

1 EA PO One Time Only/CNS

Comments: Full kit from physician and send home with patient

Contains:

30 x frusada

60 x Isentress

RX #: 7152276

07/04/21 5949

07/04/21 ED 1135 AROGALSKI

| : ED 1135 AROGALSKI

| : DC 1135 PHABKGJOB

| : TNN 1153 PHABKGJOB

| : MEDI.WASTE ~ Medicare Waste

| : Description: HIVKIT Drug Waste: 0

| : |

ZITHROMAX TAB ~ (AZITHROMYCIN 250 MG TAB)

1,000 MG PO One Time Only/CNS

RX #: 7152414

07/04/21 1155 N-RN-ALP at 1211 GAVE: 1,000 MG

07/04/21 Barcode Medication: ZITHROMAX TAB ~

| : NDC/DIN: 0904670861 (SOURCE: eMAR)

| : Barcode Medication: ZITHROMAX TAB ~

| : NDC/DIN: 0904670861 (SOURCE: eMAR)

| : Barcode Medication: ZITHROMAX TAB ~

| : NDC/DIN: 0904670861 (SOURCE: eMAR)

| : NDC/DIN: 0904670861 (SOURCE: eMAR)

| : DC 1157 PHABKGJOB

| : ACK 1205 N-RN-ALP

264

ALLERGY CHECK FOR IV DYE (ALLERGY CHECK FOR IV DYE)

1 EA IV AS DIRECTED/PRN

PRN Reasons: Allergic Reaction

RX #: 7152114

07/04/21 DC 1319 DISCHARGE

07/05/21

| : |

| : |

07/05/21

Medication Discharge Summary

Name: Popowich, Alicia Marie

Unit Num: M0863786

Account Num: A089774276

Legends

Activity Codes

~ - Not Administered
ACK - Acknowledged Order
CAN - Cancel
DC - Discontinue
ED - Edit or Verification
TRN - Transaction Rule

Reason Codes

Site Codes

Administered By

User: User Name/Type
CSAPPING - Sappington, Chayla A

User: User Name/Type
N-RN-ALP - Palmer, Anne L

User: User Name/Type

User: User Name/Type

Pharmacy

User: User Name/Type
AROGALSKI - Rogalski, Andrew L

User: User Name/Type
N-RN-ALP - Palmer, Anne L

User: User Name/Type
SEN3 - Section, Nancy J

User: User Name/Type

Allergy History

Date	Name	User Name	Database	Type	Allergy
08/04/13 2022	Puttee, Shirley P		PCM	New	No Known Drug Allergies
	NEW: Type: Allergy				
	Status: Verified	08/04/13 2022			
10/15/19 2328	Putman, Laura C		PCM	Edit	No Known Drug Allergies
	OLD: Reaction:				
	Status: Verified	08/04/13 2022			
	NEW: Reaction: Urticaria				
	Status: Verified	10/15/19 2328			
10/07/20 0552	Putman, Laura C		PCM	Confirm	No Known Drug Allergies
07/04/21 1008	Clark, Jeffrey D		PMA, PRD	Acknowledge	
	NEW: Comments:				
	User acknowledged allergy record in PMA.				

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RUN DATE: 07/08/21
RUN TIME: 0013
REPORTBATCH: 4262373

FREDERICK HEALTH LABORATORY
400 WEST SEVENTH STREET
FREDERICK, MD 21701
240-566-3410

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** SUMMARY REPORT BY ACCOUNT **

PATIENT: Popovich, Alicia Marie	DOB: 01/11/1993	MRN: M0853788					
ACCOUNT: A089774276	AGE/SEX: 28/F	ADMITTED: 07/04/21					
ATT. PROV: Delauter, Daniel A	LOC: ED	DISCHARGED					

HEMATOLOGY							

Date	Time	WBC [4.6-10.2] THOU/uL	RBC [4.00-5.60] MILL/uL	HGB [11.9-15.5] g/dL	HCT [36.0-46.0] %	MCV [81.0-99.0] fL	
07/04/2021	0826	14.3 H	4.65	15.0	42.4	91.2	
*****			*****				
Date	Time	MCH [28.0-34.0] pg	MCHC [31.0-36.0] g/dL	RDW CV [12.4-15.4] %	PLT [150-350] THOU/uL	DIFFERENTIAL	
07/04/2021	0826	32.3	35.4	12.8	366 H	AUTO	
*****			*****				
Date	Time	ABS NEUT ADIFF [1.5-7.3] THOU/uL	ABS LYMPH ADIFF [0.8-2.8] THOU/uL	ABS MONO ADIFF [0.0-1.0] THOU/uL	ABS EOS ADIFF [0.0-0.3] THOU/uL	ABS BASO ADIFF [0.0-0.1] THOU/uL	
07/04/2021	0826	11.4 H	1.7	1.0	0.1	0.1	
*****			*****				
Date	Time	NEUT ADIFF [46.0-76.0] %	LYMPHS ADIFF [15.0-43.0] %	MONO ADIFF [4.0-12.0] %	EOS ADIFF [0.0-5.0] %	BASO ADIFF [0.0-1.0] %	
07/04/2021	0826	79.8 H	11.6 L	7.1	0.3	0.4	
*****			*****				
Date	Time	NRBC ADIFF [0.0-0.0] %					
07/04/2021	0826	0					

** CONTINUED ON NEXT PAGE **

RUN DATE: 07/08/21
RUN TIME: 0013
REPORTBATCH: 4262373

FREDERICK HEALTH LABORATORY
400 WEST SEVENTH STREET
FREDERICK, MD 21701
240-566-3410

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** SUMMARY REPORT BY ACCOUNT **

Patient: Popovich, Alicia Marie		AU89774276		(Continued)							
***** CHEMISTRY *****											

Date	Time	GLU [70-108] mg/dL	BUN [7-22] mg/dL	CREAT [0.6-1.2] mg/dL	GFR [>=60] mL/min	NON-AFR. AM [>=60] mL/min					
07/04/2021	0826	91	5 L	0.7	> 60	> 60					
Date	Time	BUN/CREA [12.5-18.7]	NA [133-143] mmol/L	K [3.5-5.1] mmol/L	CL [98-107] mmol/L	CO2 [21-31] mmol/L					
07/04/2021	0826	7.1 L	142	4.0	102	26					
Date	Time	ANION GAP [7.0-19.0] mmol/L	CALC OSMO [285-310] mos/kg	CA [8.6-10.2] mg/dL	TOT PROTEIN [6.0-8.3] g/dL	ALB [3.5-5.0] g/dL					
07/04/2021	0826	14.0	290	9.0	7.6	5.0					
Date	Time	GLOB [1.3-4.5] g/dL	A/G RATIO [1.1-1.8]	TBIL [0.20-1.40] mg/dL	ALK PHOS [38-136] U/L	AST [5-40] U/L					
07/04/2021	0826	2.6	1.9 H	0.49	68	38					
Date	Time	ALT [5-41] U/L	ED HCG QL W/QT	HIV [Nonreactive]	HBSAB QUANT [>11.5] mIU/mL	HBSAB INTERP					
07/04/2021	0826	18	NEGATIVE	(a)	< 3.5 L	(d)					
NOTES: (a) Nonreactive See also (b), (c) (b) HIV-1 Antigen (p24) and HIV-1/HIV-2 Antibody not detected. (c) PLEASE NOTE CHANGE IN METHODOLOGY. (d) Nonreactive Individual is considered to not be immune to infection with HBV.											

** CONTINUED ON NEXT PAGE **

RUN DATE: 07/08/21
RUN TIME: 0013
REPORTBATCH: 4262373

FREDERICK HEALTH LABORATORY
400 WEST SEVENTH STREET
FREDERICK, MD 21701
240-566-3410

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** SUMMARY REPORT BY ACCOUNT **

Patient: Popovich, Alicia Marie		A089774276	(Continued)		
*****CHEMISTRY (continued)*****					
	HEP B SURF AG [Nonreactive]	HEPATITIS C [Nonreactive]			
Date	Time				
07/04/2021	0826	Nonreactive	Nonreactive		
*****TOXICOLOGY*****					
	ALCOHOL [<10] mg/dL	AMPHETAMINE	BARBITURATE	BENZODIAZEPINE	CANNABINOID
Date	Time				
07/04/2021	0826	110(e)	H		
07/04/2021	0805		(f)	(g)	(h)
					(i)
	COCAINE	OPiates	PHENCYCLIDINE		
Date	Time				
07/04/2021	0805	(j)	(k)	(l)	
TESTS SENT TO REFERENCE LAB					
Date		7/4/21			
Time	1340	1202	1000	Reference	Units
CHLAM PCR UR			NEGATIVE(m)	(NEGATIVE)	
NOTES:	(e)	A BLOOD ALCOHOL LEVEL OF 80 mg/dL MAY BE CONSIDERED LEGALLY INTOXICATED AND A LEVEL OF 300 mg/dL MAY BE ASSOCIATED WITH COMA.			
	(f)	NONE DETECTED			
	(g)	NONE DETECTED			
	(h)	NONE DETECTED			
	(i)	NONE DETECTED			
	(j)	NONE DETECTED			
	(k)	NONE DETECTED			
	(l)	NONE DETECTED			
	(m)	Presumed negative for C. trachomatis. A negative result does not preclude C. trachomatis infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.			
		Test performed at Meritus Medical Lab, Hagerstown, MD			
		Dr. John Newby, Medical Director			

** CONTINUED ON NEXT PAGE **

RUN DATE: 07/08/21
RUN TIME: 0013
REPORTBATCH: 4262373

FREDERICK HEALTH LABORATORY
400 WEST SEVENTH STREET
FREDERICK, MD 21701
240-566-3410

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** SUMMARY REPORT BY ACCOUNT **

Patient: Popovich, Alicia Marie		A089774276	(Continued)		
TESTS SENT TO REFERENCE LAB (continued)					
Date	Time	7/4/21	1000	Reference	Units
CHLAM PCR SWAB	NEGATIVE(n)			(NEGATIVE)	
GC PCR URINE			NEGATIVE(o)	(NEGATIVE)	
GC PCR SWAB	NEGATIVE(p)			(NEGATIVE)	
SOURCE	THROAT(q)				
CHLAM PCR		NEGATIVE(r)		(NEGATIVE)	
GC PCR		NEGATIVE(s)		(NEGATIVE)	

NOTES: (n) Presumed negative for *C. trachomatis*. A negative result does not preclude *C. trachomatis* infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.
Test performed at Meritus Medical Lab, Hagerstown, MD
Dr. John Newby, Medical Director

(o) Presumed negative for *N. gonorrhoeae*. A negative result does not preclude *N. gonorrhoeae* infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.
Test performed at Meritus Medical Lab, Hagerstown, MD
Dr. John Newby, Medical Director

(p) Presumed negative for *N. gonorrhoeae*. A negative result does not preclude *N. gonorrhoeae* infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.
Test performed at Meritus Medical Lab, Hagerstown, MD
Dr. John Newby, Medical Director

(q) *****INTERPRET RESULTS WITH CAUTION*****
The CT/NG COBAS PCR test system has only been approved by the FDA for adult endocervical, vaginal, and urine specimens. It has not been assessed or approved by the FDA for testing on other specimen types. Additional testing is recommended in any circumstance when a false positive or a false negative result could lead to adverse medical, social, or psychological consequences.

(r) Presumed negative for *C. trachomatis*. A negative result does not preclude *C. trachomatis* infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.
Test performed at Meritus Medical Lab, Hagerstown, MD
Dr. John Newby, Medical Director

(s) Presumed negative for *N. gonorrhoeae*. A negative result does not preclude *N. gonorrhoeae* infection because results are dependent on adequate specimen collection, absence of inhibitors, and sufficient DNA to be detected.
Test performed at Meritus Medical Lab, Hagerstown, MD
Dr. John Newby, Medical Director

** CONTINUED ON NEXT PAGE **

RUN DATE: 07/08/21
RUN TIME: 0013
REPORT/BATCH: 4262373

FREDERICK HEALTH LABORATORY
400 WEST SEVENTH STREET
FREDERICK, MD 21701
240-566-3410

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** SUMMARY REPORT BY ACCOUNT **

Patient: Popovich, Alicia Marie		A089774276	(Continued)	
TESTS SENT TO REFERENCE LAB (continued)				
Date	7/4/21		Reference	Units
Time	0826			
TREPONEMA AB	NEGATIVE (t)		(NEGATIVE)	
***** MICROBIOLOGY *****				
TRICHOMONAS VAGINALIS DNA Source: VAGINAL		Coll: 07/04/21 1345	Recd: 07/04/21 1445	Status: COMP
		NEGATIVE		
CANDIDA SPECIES DNA Source: VAGINAL		Coll: 07/04/21 1345	Recd: 07/04/21 1445	Status: COMP
		NEGATIVE		
GARDNERELLA VAGINALIS DNA Source: VAGINAL		Coll: 07/04/21 1345	Recd: 07/04/21 1445	Status: COMP
		POSITIVE GARDNERELLA VAGINALIS		
Cancelled Specimens				
FR0704:C00248S CAN, Coll: 07/04/21-0959 Recd: - (R05399622) Delauter, Daniel A Ordered: HEPATITIS C Comment: Specimen cancelled. Duplicate order. Please see results on specimen FR0704C223.				
FR0704:C00249S CAN, Coll: 07/04/21-1001 Recd: - (R05399623) Delauter, Daniel A Ordered: HEP FUNC, PNL Comment: Specimen cancelled. Duplicate order. Please see results on specimen FR0704C224.				
FR0704:CT00021S CAN, Coll: 07/04/21-1155 Recd: - (R05399717) Delauter, Daniel A Ordered: ALC				
NOTES: (t) Test performed at Meritus Medical Lab, Hagerstown, MD Dr. John Newby, Medical Director				

** CONTINUED ON NEXT PAGE **

RUN DATE: 07/08/21
RUN TIME: 0013
REPORTBATCH: 4262373

FREDERICK HEALTH LABORATORY
400 WEST SEVENTH STREET
FREDERICK, MD 21701
240-566-3410

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** SUMMARY REPORT BY ACCOUNT **

Patient: Popovich, Alicia Marie

A089774276

(Continued)

Comment: Specimen cancelled. Duplicate order. Please see results on specimen FR0704CT14.

** END OF REPORT **

Frederick Health Imaging
Frederick, MD 21701
240-566-3420

Diagnostic Imaging Report

Popovich, Alicia Marie
DOB: 01/11/1993

MR#: M0853788
Acct#: A089774276

Ordered by: Delauter, Daniel A CRNP
Exam Date: 07/04/21
X1002237200 CT/CT FACIAL BONES W CONT

PERTINENT SYMPTOMS/CLINICAL HISTORY: trauma

PROCEDURE: CT FACIAL BONES W CONT

COMPARISON: No comparisons are available at the time of study.

TECHNIQUE: A CT scan of the facial bones is performed utilizing axial imaging. Sagittal and coronal reformatted images were obtained. Dose reduction techniques were used.

FINDINGS: No acute fracture or significant bony abnormality is identified. There are no air-fluid levels identified in the paranasal sinuses to suggest acute injury. Bilateral mucous retention cysts. No significant abnormality identified in the region of the orbits. Soft tissue swelling around the right orbit base.

IMPRESSION: No fracture. Soft tissue swelling about the right orbit and face.

RLoc: A

REPORT E-SIGNATURE ON FILE 7/4/2021 9:26 EDT
E-SIGNED BY: Anthony Rowedder, M.D.

* Report E-Signed in Other Vendor System *

Recipients: Delauter, Daniel A

Rpt #: 0704-00055
Site: MAIN, 400 West 7th Street

Frederick Health Imaging
Frederick, MD 21701
240-566-3420

Diagnostic Imaging Report

Popovich, Alicia Marie
DOB: 01/11/1993

MR#: M0853788
Acct#: A089774276

Ordered by: Delauter, Daniel A CRNP
Exam Date: 07/04/21
X1002237199 CT/CT HEAD WO + HEAD NECK ANGIO W

PERTINENT SYMPTOMS/CLINICAL HISTORY: trauma, strangulation

PROCEDURE: CT HEAD WO + HEAD NECK ANGIO W

COMPARISON: No comparisons are available at the time of study.

TECHNIQUE: A noncontrast CT scan of the head was performed utilizing axial imaging through the skull. Dose reduction techniques were used.

FINDINGS:

Ventricular system: Normal in size shape and configuration.

Extra axial space: No collection.

Brain parenchyma: The gray-white matter differentiation is within normal limits. There is no acute territorial infarct, hemorrhage, mass effect, or midline shift identified.

Calvarium: No acute fracture or osseous destruction.

Scalp: No significant soft tissue swelling or hematoma.

Paranasal sinuses and mastoid air cells: The visualized portions appear aerated.

IMPRESSION: Unremarkable noncontrast CT scan of the head. No intracranial hemorrhage.

If symptoms persist, MRI may be indicated.

TECHNIQUE: Multiple axial CT images were obtained from the level of the aortic arch through the top of the head after administration of IV contrast timed for the major cervical and intracranial arteries. Multiplanar and 3-D reformatted images were obtained. Dose reduction techniques were used.

IV CONTRAST ADMINISTRATION: 87 ml OMNIPACQUE 350 mg/ml

**Frederick Health Imaging
Frederick, MD 21701**

Diagnostic Imaging Report (con't)

Popovich,Alicia Marie

MR#: M0853788
Acct#: A089774276

FINDINGS:

Vertebral artery origins demonstrate no significant narrowing. Vertebral arteries demonstrate normal course and caliber.

The visualized portions of the left subclavian, left common carotid, innominate, right common carotid, and right subclavian arteries are normal. No significant narrowing of the origin of the ICAs bilaterally.

Normal appearance of the anterior cerebral, middle cerebral, and posterior cerebral arteries of the circle of Willis. No evidence of aneurysm, vascular malformation, or significant stenosis.

Lung apices and superior mediastinum are unremarkable.

Soft tissues of the neck appear unremarkable.

No evidence of acute fracture or osseous destruction. Mild degenerative changes of the cervical spine.

Paranasal sinuses and mastoid air cells are clear.

IMPRESSION: No evidence of significant internal carotid artery or vertebral artery stenosis. No evidence of vascular injury. No hematoma identified. Soft tissue swelling of the right scalp and face.

RLoc: A

REPORT E-SIGNATURE ON FILE 7/4/2021 9:28 EDT
E-SIGNED BY: Anthony Rowedder, M.D.

* Report E-Signed in Other Vendor System *

Recipients: Delauter,Daniel A

Rpt #: 0704-00056

Site: MAIN, 400 West 7th Street

R A D I O L O G Y S E R V I C E S R E Q U E S T I O N

Patient Name: **Popovich, Alicia Marie**
 Account Number: **A089774276**
 Unit Number: **M0853788**
 DOB: **01/11/1993** Age/Sex: **28 F**



Wt (kg): **75.700** Ht (ft/in):
 (lbs/oz): **166 14.24**

Location/Unit: **ED**
 Room/Bed:
 Adm/Reg Date:

Reason for visit: **Assault**

Ordering Physician: **Delauter, Daniel A**
 Attending Physician:

Exam Date: **07/04/21 - 0800** Priority: **U**
 Transport Mode:
 Tele: **CLASS IX**

Exam Type: **CT Scan**

Accession #: **X1002237200** Order #: **0704-0020**
 Procedure: **CT FACIAL BONES W/CONT**

Pertinent Symptoms/Clinical HX:

trauma.

Physician instructions:

Comment:

Surgery Date:
 Order Date/Tm: **07/04/21 - 0802**
 Source: **POM**
 by: **DDELAUTE**
Delauter, Daniel A

Code Status: **Full Code**
 Primary Language: **English**

Isolation: **None**
 Does Patient Require Interpreter: **N**

Precautions:

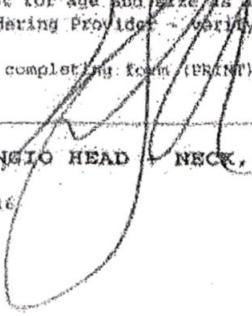
Surgical Hx:

Coded Allergies:
 No Known Drug Allergies

*** TIME OUT PROCEDURE ***

- I. Correct Patient - Verification completed for:
 - * Patient ID Band
 - * Medical Record/Order
 - * Patient/Surrogate (State Name and Date of Birth)
- II. Correct Procedure - Verify correct procedure on order; involve patient when possible.
- III. Correct Protocol/Technique - Verify positioning, protocol & technique parameters;
 - adjust for age and size as appropriate.
- IV. Correct Ordering Provider - Verify correct ordering provider is in Meditech

Name of person completing form (PRINT): YES

Signature: 

Date/Time: 7/4/21 0919

LAST: **CT ANGIO HEAD + NECK, 07/04/21, at Main Hospital, (Logged)**

PMI: **1239 10/2016**

MR. UPCHECK1229



R A D I O L O G Y S E R V I C E S R E Q U E S T E X O N

Patient Name: Popovich, Alicia Marie
 Account Number: A089774276
 Unit Number: M0853788
 DOB: 01/11/1993 Age/Sex: 28 F



Location/Unit: ED
 Room/Bed:
 Adm/Reg Date:

Wt (kg): 75.700 Ht (ft/in):
 (lbs/oz): 166 14.24

Reason for visit: Assault

Ordering Physician: Delauter, Daniel A
 Attending Physician:

Exam Date: 07/04/21 - 0800 Priority: U
 Transport Mode:
 Tele: CLASS II

Exam Type: CT Scan

Accession #: X1002237199 Order #: 0704-0024

Procedure: CT HEAD WO + HEAD NECK ANGIO W

Pertinent Symptoms/Clinical HX:

trauma, strangulation.

Physician Instructions:

Comment:

8
 Surgery Date:
 Order Date/Tm: 07/04/21 - 0802
 Source: POM
 by: DDELAUTE
 Delauter, Daniel A

206

Code Status: Full Code
 Primary Language: English

Isolation: None
 Does Patient Require Interpreter: N

Precautions:

Surgical Rx:

Coded Allergies:

No Known Drug Allergies

*** TIME OUT PROCEDURE ***

- I. Correct Patient - Verification completed for:
 - * Patient ID Band
 - * Medical Record/Order
 - * Patient/Surrogate (State Name and Date of Birth)
- II. Correct Procedure - Verify correct procedure on order; involve patient when possible.
- III. Correct Protocol/Technique - Verify positioning, protocol & technique parameters; adjust for age and size as appropriate.
- IV. Correct Ordering Provider - Verify correct ordering provider is in Meditech

Name of person completing form (PRINT):

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Signature:

Date/Time:

7/4/21 0919

LAST: Initiate Rad Contrast Protec C, 07/04/21, at Main Hospital, (Logged)

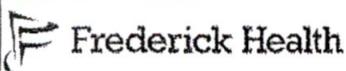
MRN 1229 10/2016

MR. UPCHECK1229



169.25

SSD



Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788

Attending:

Reason:Assult

Bed:-

Visit:A089774276

Reg Date:07/04/2021

Allergies

No Known Drug Allergies Allergy (Verified 10/15/2019 23:20)
Urticaria

Notes

08/04/2021 14:12 CM Note by Tarquinio,Meaghan Lydia
This worker called to check in w/ Pt MB full unable to LM.

Initialized on 08/04/2021 14:12 - END OF NOTE

07/07/2021 13:09 Nurse's Note by Winklbauer,Ann M

Patient here for follow-up exam post report of SA/ strangulation on 7/4/2021. Patient accompanied by Darlene (mother). This FNE completed follow-up exam with photo documentation. Patient Navigator present-see note. Current complaints and/or concerns by patient include mild nausea and a "sore" neck, both of which patient states are tolerable. Patient tolerated exam and photodocumentation well without any difficulties.

Instructions for medication (patient on nPEP protocol), side-effects, follow-up resources, safety planning, other concerns reviewed with patient. Stated understanding.

Initialized on 07/07/2021 13:09 - END OF NOTE

07/07/2021 11:10 Nurse's Note by Winklbauer,Ann M

Spoke w/ Pt she will be coming in shortly for followup with FNE and SW'er

Initialized on 07/07/2021 11:10 - END OF NOTE

07/06/2021 13:13 Nurse's Note by Winklbauer,Ann M

This FNE consulted with Pharmacist Rhiannon regarding patient's positive Gardnerella results. Patient needs full week course for BV treatment per Rhiannon. Prescription sent to CVS by pharmacy as requested by patient. Patient notified to pick up. Will follow up per nPEP protocol and patient notified to return to ED or primary care provider with continued or worsening symptoms.

Initialized on 07/06/2021 13:13 - END OF NOTE

Popovich, Alicia Marie	Fac: Frederick Health Hospital Inc. 28 E 01/11/1993	Loc: NUR-Emergency Dept Med Rec Num: M0953788	Bed: - Visit: A089774276
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Notes - Continued

07/06/2021 12:35 CM Note by Tarquinio, Meaghan Lydia

This worker spoke with Pt who will be coming at 1pm.

Initialized on 07/06/2021 12:35 - END OF NOTE

07/06/2021 09:32 CM Note by Tarquinio, Meaghan Lydia

This worker called mother's number provided by Pt to forensics. Pt's mother advised that work had provided her with a temporary cell phone and number (240-357-6382). Pt to speak with detective mckinney today and will text this worker after. Pt to come back for flagyl.

Initialized on 07/06/2021 09:32 - END OF NOTE

07/06/2021 09:15 CM Note by Tarquinio, Meaghan Lydia

This worker attempted to call Pt, MB full. Asked detective mckinney to tell Pt to call and check in if he sees her today.

Initialized on 07/06/2021 09:15 - END OF NOTE

07/05/2021 17:50 Post Discharge Lab Result by Marselli, Rhiannon D

Addendum entered and electronically signed by Rhiannon D Marselli, PharmD 07/06/2021 13:20: Safe nurse able to contact patient. Patient educated on BV result and metronidazole rx. Called into CVS on 7th st per patient request.

Original Note:

Addendum entered and electronically signed by Rhiannon D Marselli, PharmD 07/06/2021 11:38: Second attempt to reach this patient without success. Unable to leave VM due to mailbox being full.

Original Note:

Patient presented to ED s/p sexual assault seen by safe nurse. Patient received prophylactic abx for C/G and HIV ppx. Patient did not receive 2g PO metronidazole due to +ETOH. Spoke with Dr PI about +BV. Prescribed metronidazole 500mg PO BID x 7 days if patient symptomatic. Attempted to call patient but was unable to leave VM due to mailbox being full.

** Electronically signed by Marselli, Rhiannon D, PharmD on 07/05/2021 17:53 **

Initialized on 07/05/2021 17:50 - END OF NOTE

07/05/2021 13:03 Nurse's Note by Holtzinger, Pamela S

Called patient to discuss lab results and to arrange follow up appointment for evaluation of injury/symptom progression and for meeting with Forensic social worker for other needs. No answer but left a message to contact forensic services.

Popovich, Alicia Marie	Fac: Frederick Health Hospital Inc.	Loc: NUR-Emergency Dept	Bed:-
28 F 01/11/1993	Med Rec Num: M0853788	Visit: A089774276	

Notes - Continued

Initialized on 07/05/2021 13:03 - END OF NOTE

07/04/2021 12:38 Nurse's Note by Palmer,Anne L

This FNE called to evaluate patient for complaint of [sexual assault, abuse/ strangulation]. Informed consent obtained from patient and exam performed in [forensic suite] once patient deemed medically stable by provider. Patient Navigator to contact patient for follow-up regarding social concerns and community resources. Lethality assessment completed and results discussed with patient. Coordinated with [Dt. McKinney] from law enforcement. Case # [21-49724], jurisdiction [FCPD]. Discharge instructions reviewed with patient (see copy attached to chart). Advised to follow up with primary doctor for continued care and monitoring and to return to emergency department for worsening symptoms. Stated understanding. Discharged to [home] with [best friend] via [ambulatory] in stable condition.

Initialized on 07/04/2021 12:38 - END OF NOTE

07/04/2021 09:24 Nurse's Note by Sappington,Chaya A

Patient able to ambulate to the Safe Suite with a steady gait with Safe RN.

Initialized on 07/04/2021 09:24 - END OF NOTE

07/04/2021 09:19 Nurse's Note by Sappington,Chaya A

Report given to Anne, Forensics RN. Per Dan Delauter, NP, patient can go to Safe Suite.

Initialized on 07/04/2021 09:19 - END OF NOTE

07/04/2021 08:56 Nurse's Note by Sappington,Chaya A

Patient to CT scan at this time.

Initialized on 07/04/2021 08:56 - END OF NOTE

07/04/2021 08:55 Nurse's Note by Sappington,Chaya A

Patient medicated per MAR. Patient educated on medication and side effects, state understanding. Ice water and ice pack provided.

Initialized on 07/04/2021 08:55 - END OF NOTE

07/04/2021 08:25 (created 07/04/2021 08:28) Nurse's Note by Sappington,Chaya A

Patient's ex- husband, Cody at bedside with patient's permission.

Initialized on 07/04/2021 08:28 - END OF NOTE

Popovich, Alicia Marie	Loc:NUR--Emergency Dept	Bed:-
Fac: Frederick Health Hospital Inc., 28 F 01/11/1993	Med Rec Num:M0853788	Visit:A089774276

Notes - Continued

07/04/2021 07:39 Nurse's Note by Sappleton,Chaya A

Pam, Forensics Nurse Supervisor spoke with this RN, states she has been in touch with the detective handling this case. On the phone with the patient at this time.

Initialized on 07/04/2021 07:39 - END OF NOTE

07/04/2021 07:13 Nurse's Note by Cortez,Luz A

detective was able to get in touch with SAFE supervisor

Initialized on 07/04/2021 07:13 - END OF NOTE

07/04/2021 07:10 (created 07/04/2021 07:14) Nurse's Note by Cortez,Luz A

report given to Chaya RN for continuation of care

Initialized on 07/04/2021 07:14 - END OF NOTE

07/04/2021 06:51 Nurse's Note by Cortez,Luz A

VM left for SAFE supervisor

Initialized on 07/04/2021 06:51 - END OF NOTE

07/04/2021 06:45 Nurse's Note by Cortez,Luz A

second call to SAFE nurse made at this time -- no response
operator calling SAFE supervisor

Initialized on 07/04/2021 06:45 - END OF NOTE

07/04/2021 06:09 Nurse's Note by Cortez,Luz A

left message for Ann, SAFE nurse.

Initialized on 07/04/2021 06:09 - END OF NOTE

07/04/2021 06:02 Nurse's Note by Cortez,Luz A

patient ambulated to restroom
asked to provide sample, discouraged from wiping after using restroom

Initialized on 07/04/2021 06:02 - END OF NOTE

07/04/2021 05:50 (created 07/04/2021 07:19) ~~100~~ Nurse's Note by Cortez,Luz A

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc., Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Notes - Continued

detective sean mckinney to bedside

Initialized on 07/04/2021 07:19 - END OF NOTE

07/04/2021 05:47 Nurse's Note by Cortez,Luz A
FCPD x 2 officers to bedside

Initialized on 07/04/2021 05:47 - END OF NOTE

07/04/2021 05:30 (created 07/04/2021 07:09) Nurse's Note by Cortez,Luz A
 patient brought in for SAFE RN evaluation.
 per patient, she was raped 2 hours ago in an alley way
 patient punched multiple times (5-6 at least) by assailant & choked, has redness around neck.
 patient's right eye bruised, closed shut. multiple abrasion noted to face, knees, scratch marks noted to thighs and upper back.
 per patient, she was wearing a dress when this happened, already gave her dress and underwear to the police.

Initialized on 07/04/2021 07:09 - END OF NOTE

Vital Signs

	Temp	Pulse	Resp	BP	Pulse Ox
07/04/2021 07:50	78	16	136/86	99	
07/04/2021 05:32	97.5 F	107 H	16	126/76	99

Interventions

*COVID-19 Vaccine Status

Start: 07/04/2021 05:38

Freq:

Status: Discharge

Protocol:

Document 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:39 LAC MCEDREDC00008)

COVID-19 Vaccine Screening ED

COVID-19 Vaccine Screening

Has Patient had a COVID-19 Vaccine Yes

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

Popovich, Alicia Marie		
Fac: Frederick Health Hospital Inc, 28 F 01/11/1993	Loc:NUR-Emergency Dept Med Rec Num:M0853788	Bed:- Visit:A089774276
Interventions - Continued		
ADL Care - ED		
Freq:		Start: 07/04/2021 05:38 Status: Discharge
Protocol:		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070) Active=>Discharge		
Accucheks		Start: 07/04/2021 05:38
Freq:		Status: Discharge
Protocol:		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070) Active=>Discharge		
Advance Directives ED		Start: 07/04/2021 05:38
Freq:		Status: Discharge
Protocol:		
Document 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:39 LAC MCEDREDT00008)		
Advance Directives ED		
Advance Directives		
Advance Directive	No	
Does Not Have Advance Directives		
Would Pt/Significant Other Like More Information	No	
Advance Directives Packet Given	No	
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070) Active=>Discharge		
Auditor Review (Auditors ONLY)		Start: 07/04/2021 05:26
Freq:		Status: Discharge
Protocol:		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070) Active=>Discharge		
Document 07/04/2021 15:05 KPL (Rec: 07/04/2021 15:07 KPL DESKTOP-A8M6UOS)		
Auditor Review		
Patient Audit		
Protocol: ED.ZBILL2A		
ED Data Date/Time	07/04/2021 13:19	
ED Discharge Date	07/04/2021	
ED Discharge Time	13:17	
Arrival Mode	Law Enforcement, EMS/Ambulance	
ED Mode of Arrival Billing	5	
Triage	Yes	
ED Patient Triage Value	10	
Monitoring	Continuous	
ED Patient Monitoring	30	
LAB Tests	Yes	
ED Pt Lab Tests	7	
RAD Tests	Yes	
ED Pt Rad Tests	5	
IV Line	Yes-Adult	
ED Pt IV Line	10	
Med Administration	Moderate Med Admin	
ED Pt Med Admin	30	
Nurse/Tech Procedure time	>30 minutes	
ED Pt RN Time	45	
Discharge	Simple Discharge	
ED Pt RN Discharge	5	

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept Bed:-
 28 F 01/11/1993 Med Rec Num:M0853786 Visit:A089774276

Interventions - Continued

Length of Stay	7.86
Modifier	
Did patient have a modifier?	Yes
Calculations	
Points	147
Care Level	Level 5-M
ED Patient Audit Completed	Yes
Bedside Report Given	Start: 07/04/2021 05:38
Freq:	Status: Discharge
Protocol:	
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)	
Active=>Discharge	
Bedside Report Received	Start: 07/04/2021 05:38
Freq:	Status: Discharge
Protocol:	
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)	
Active=>Discharge	
Call for Report - ED	Start: 07/04/2021 05:38
Freq:	Status: Discharge
Protocol:	
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)	
Active=>Discharge	
Critical Result - ED	Start: 07/04/2021 05:38
Freq:	Status: Discharge
Protocol:	
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)	
Active=>Discharge	
Dysphagia Screening	Start: 07/04/2021 08:01
Freq: Q1HX1	Status: Complete
Protocol:	
Document 07/04/2021 08:11 CAS (Rec: 07/04/2021 08:11 CAS MCEDREDP06344)	
Yale Swallow Protocol - ED	
(c) Leder & Suiter, 2014	
If the patient's clinical status changes resulting in a new risk for aspiration, the protocol must be readministered before oral alimentation or medications are ordered.	
• Note: Information from the Brief Cognitive Screen and Oral Mechanism Examination provide information on odds of aspiration risk with the 3-Ounce Swallow Challenge and should not be used as exclusionary criteria for screening.	
Brief Cognitive Screen	
What Is Your Name	Correct Response
Where Are You Right Now	Correct Response
What Year Is It	Correct Response
Oral-Mechanism Examination	
Labial Closure	Normal
Lingual Range of Motion	Normal
Facial Symmetry (Smile/Pucker)	Normal
3-Ounce Water Swallow Challenge	
Pass/Fail Criteria	
Yale Swallow Protocol Result	Pass
Edit Status 07/04/2021 08:27 CAS (Rec: 07/04/2021 08:27 CAS MCEDREDP06344)	

Popovich, Alicia Marie		
Fac: Frederick Health Hospital Inc. 28 F 01/11/1993		Loc: NUR-Emergency Dept Med Rec Num: M0853788
		Bed: - Visit: A009774276
Interventions - Continued		
Active=>Complete		
ED Cardiology Assessment		Start: 07/04/2021 05:38 Status: Discharge
Freq:		
Protocol: Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070) Active=>Discharge		
ED Discharge		Start: 07/04/2021 05:26 Status: Discharge
Freq:		
Protocol: Edit Status 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008) Active Edit Start 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008) =>07/04/2021 05:26 Document 07/04/2021 13:16 ALP (Rec: 07/04/2021 13:18 ALP PC1070)		
ED Discharge		
Discharge Information		
Discharge Disposition		H
Did patient leave AMA, elope, LWOT, or LWBS?		No
Is Patient from Nursing Home/Assisted Living		No
ED Discharge Date		07/04/2021
ED Discharge Time		13:17
Mode of Discharge		Ambulates Without Difficulty
Discharged To		Self
Was the pt on a cardiac monitor during this visit?		No
Review of Vital Signs		
Vital Signs are WNL or Consistent with Baseline		Yes, Reviewed with Provider
Depart Instructions & Transfer Report		
Discharge Instructions Given To		Patient
Discharge Instructions Address		Medications, Symptoms Worsening Follow Up
Admission		
Patient Admitted?		No
If NOT Admitted, Transferred to Another Hospital?		No
Comment		
Comment		Patient verbalized understanding of discharge instructions given written information and n-pep medication. Patient ambulated out in no distress with friend
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070) Active=>Discharge		
ED Gastrointestinal Assessment		Start: 07/04/2021 05:38 Status: Discharge
Freq:		
Protocol: Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070) Active=>Discharge		

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
 28 F 01/11/1993 Med Rec Num:M0853788 Bed:-
 Visit:A089774276

Interventions - Continued

ED Genitourinary Assessment Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
 Active=>Discharge

ED Integumentary Assessment Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Document 07/04/2021 07:52 CAS (Rec: 07/04/2021 07:54 CAS MCEDREDP06344)

INTEGUMENTARY ASSESSMENT

Parameters

Protocol: PIPREVTX

Integumentary Assessment WDP? No

Skin Abnormality

Upper Throat

Skin Abnormality Type

Red

Skin Comments

patient reports being
 strangled by her assailant,
 denies trouble swallowing or
 breathing. Able to speak in
 normal tone of voice

Right Upper Arm

Skin Abnormality Type

Red

Right Face

Skin Comments

eye swollen shut, skin red and
 bruised

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

ED Musculoskeletal Assessment Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

ED Neurological Assessment Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

ED Psychosocial Assessment Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Document 07/04/2021 07:54 CAS (Rec: 07/04/2021 07:54 CAS MCEDREDP06344)

PSYCHOSOCIAL ASSESSMENT

Parameters

Psych Assessment WDP? No

Query Text:Psychosocial Assessment

Defined Parameters:

- No evidence of suicidal ideation
- Calm and cooperative
- Behavior appropriate for situation

Abnormal Findings

Affect/Mood/Behavior Abnormals Tearful

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Continued on Page 10
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Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc: NUR-Emergency Dept
 28 F 01/11/1993 Med Rec Num: M0853788 Bed: -
 Visit: A089774276

Interventions - Continued

Active=>Discharge

ED Reproductive Assessment Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
 Active=>Discharge

ED Respiratory Assessment Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
 Active=>Discharge

EMS Report Start: 07/04/2021 05:26

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
 Active=>Discharge

Exposure Risk Assessment Start: 07/04/2021 05:26

Freq: Status: Discharge

Protocol:

Document 07/04/2021 05:26 MLR (Rec: 07/04/2021 05:26 MLR MCPAREGP00512)

Exposure Risk

Exposure History

Recent Travel? No

Any recent exposure to person with viral No
 or bacterial illness?

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

Forensic Consult Start: 07/04/2021 09:03

Freq: Status: Discharge

Protocol:

Document 07/04/2021 09:04 ALP (Rec: 07/04/2021 09:04 ALP PC1070)

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

Hourly Rounding Start: 07/04/2021 05:38

Freq: Q1HR-ED Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

IV/IID, Remove Start: 07/04/2021 05:26

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

IV/IID, Start Start: 07/04/2021 08:04

Freq: ONE TIME Status: Complete

Protocol:

Document 07/04/2021 08:11 CAS (Rec: 07/04/2021 08:11 CAS MCEDREDP06344)

IV Site Information

IV Information

Right Antecubital Started in Field No

Insertion Date 07/04/2021

Insertion Time 08:11

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853786Bed:-
Visit:A089774276

Interventions - Continued

IV Catheter Type Peripheral

Gauge 20

Edit Status 07/04/2021 08:11 CAS (Rec: 07/04/2021 08:11 CAS MCEDREDR06344)
Active=>CompleteIce Pack, Apply Start: 07/04/2021 05:38
Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
Active=>DischargeIsolation - ED Start: 07/04/2021 05:26
Freq: Status: Discharge

Protocol:

Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)
COVID-19 Screening

Symptoms

Does pt have any COVID-19 symptoms that No
are unexplained by another disease or
illness

Query Text:COVID-19 SYMPTOMS

- Fever = 100.0 F
- Cough
- Shortness of Breath or Difficulty Breathing
- Muscle or Body Aches
- Headache
- New Loss of Taste or Smell
- Sore Throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

COVID-19 Testing History

COVID-19 Testing Status Negative
Status Confirmed/Updated Confirmed by Patient/Family/
Lay person

** COVID-19+ Alert

Isolation

Isolation

Isolation Required None

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
Active=>Discharge

Musculoskeletal Minor Care Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
Active=>Discharge

Pain Assessment Start: 07/04/2021 05:26

Freq: Status: Discharge

Protocol:

Document 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:39 LAC MCEDREDT00008)
PAIN ASSESSMENT

Pain Scale

Pain Scale Number (1-10)

Cont'D on Page 12

Popovich, Alicia Marie	Loc:NUR-Emergency Dept	Bed:-
Fac: Frederick Health Hospital Inc. 28 E 01/11/1993	Med Rec Num:M0853708	Visit:A089774276
Interventions - Continued		
Pain Score 8		
Edit Status 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)		
Active		
Edit Start 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)		
=>07/04/2021 05:26		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)		
Active=>Discharge		
Personal Property	Start: 07/04/2021 05:38	
Freq:	Status: Discharge	
Protocol:		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)		
Active=>Discharge		
Prep- CT Angio Procedure	Start: 07/04/2021 08:01	
Freq: Q1HX1	Status: Complete	
Protocol: PREFCT20B		
Document 07/04/2021 08:11 CAS (Rec: 07/04/2021 08:11 CAS MCEDREDP06344)		
Edit Status 07/04/2021 08:27 CAS (Rec: 07/04/2021 08:27 CAS MCEDREDP06344)		
Active=>Complete		
Prep-CT FAC Procedure	Start: 07/04/2021 08:00	
Freq: Q1HX1	Status: Complete	
Protocol: PREPCT22		
Document 07/04/2021 08:11 CAS (Rec: 07/04/2021 08:11 CAS MCEDREDP06344)		
Edit Status 07/04/2021 08:27 CAS (Rec: 07/04/2021 08:27 CAS MCEDREDP06344)		
Active=>Complete		
Registration	Start: 07/04/2021 05:26	
Freq:	Status: Discharge	
Protocol:		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)		
Active=>Discharge		
Safety Assessment ED	Start: 07/04/2021 05:26	
Freq:	Status: Discharge	
Protocol:		
Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)		
ED Safety Assessment		
Activity		
Activity	Self	
Fall Risk Assessment		
Fall Risk Identification Tool - MEDFRAT		
Hx of Falling in Last 3 Months,	No	
Including Since Admission		
Is patient confused or disoriented?	No	
Is patient intoxicated or sedated?	No	
Does patient have an impaired gait?	No	
Does patient use a mobility assistance device?	No	
Is patient experiencing altered elimination?	No	
Total	0	
Fall Risk Level	Low/Universal Risk	
Fall Risk Tracker Trigger	.	
====FALL RISK INTERVENTIONS====		

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Interventions - Continued

Low Risk to Fall interventions (1-2 points)

- Stretcher in low/locked position
- Call light in reach, or audio/visual observation for crisis patients
- Patient educated on fall risk
- Purposeful hourly rounding

Moderate Risk to Fall (3-4 points)

All Low risk interventions Plus:

- Yellow Socks
- Fall risk sign on stretcher
- Remain with patient while toileting
- Consider placing the patient in a visible room or area
- Consider using a bed alarm

High Risk to Fall (5 or more points)

All Low and Moderate Fall Risk Interventions Plus:

- Bed Alarm
- Place the patient in a visible room or area
- Consider placing a sitter with the patient
- Consider using ambulatory aids (walker) with ambulation

Edit Status 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)

Active

Edit Start 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)

=>07/04/2021 05:26

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

Spec/Cult Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Document 07/04/2021 08:12 CAS (Rec: 07/04/2021 08:12 CAS MCEDREDB06344)

Specimens Collected and Sent to Lab

Specimens Collected

Specimen Collected	Urine
Microbiology Specimens Collected	Urine

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

Substance Use - ED Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Document 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:39 LAC MCEDREDT00008)

SUBSTANCE USE HISTORY

Alcohol Use (AUDIT-C)

AUDIT-C Developed by Bush K, Kivlahan DR, et al (1998). The Ambulatory Care Quality Improvement Project (ACQUIP)

===== STANDARD DRINK GUIDELINES =====

[Beer 12 ounces] [Wine 5 ounces] [Liquor 1.5 ounces]

How often do you have a drink containing Never
alcohol

Illegal Drugs (SBIRT)

In the past year, have you used an No
illegal drug or used a prescription
medication for non-medical reasons

Popovich, Alicia Marie		Loc:NUR-Emergency Dept	Bed:-
Fac: Frederick Health Hospital Inc. 28 F 01/11/1993		Med Rec Num:M0853788	Visit:A089774276
Interventions - Continued			
Drug Screening Interpretation		Negative	
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)			
Active=>Discharge			
Triage Assessment ED		Start: 07/04/2021 05:26	
Freq:		Status: Discharge	
Protocol:			
Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00006)			
Triage Assessment			
Intake Information			
Chief Complaint		Safe	
ED Stated Complaint		Assault	
Priority		3	
EMS Report			
Is Patient from Nursing Home/Assisted Living		No	
Objective Assessment			
Breathing		Unlabored	
Skin		Warm, Pink, Dry	
Level of Consciousness		Alert, Oriented	
RN Assessment			
RN Assessment		patient brought in for SAFE RN evaluation.	
		per patient, she was raped 2 hours ago in an alley way patient punched multiple times (5-6 at least) by assailant & choked, has redness around neck.	
		patient's right eye bruised, closed shut. multiple abrasion noted to face, knees, scratch marks noted to thighs and upper back.	
		per patient, she was wearing a dress when this happened, already gave her dress and underwear to the police.	
Pain Level			
Pain Scale		Number (1-10)	
Pain Score		0	
ED Interventions			
Initial ED Interventions		Mask, Stretcher	
Communication			
Communication Barrier		No	
Communication Vulnerability		None	
Interpreter Required		No	
Communication Method		Verbal Communication	
Primary Language		English	
Preferred Language for Healthcare		English	
OB/GYN Assessment for ED			
OB/GYN Assessment		6/15/2021	
Last Menstrual Period			
Patient Pregnant		No	

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Interventions - Continued

Pharmacy Medication Interaction Checking No

for Pregnancy

Patient Breastfeeding No

Edit Status 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00008)

Active

Edit Start 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00008)
=>07/04/2021 05:26

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

Triage Past Medical History

Start: 07/04/2021 05:26

Freq:

Status: Discharge

Protocol:

Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00008)

ED Past Medical History

Hx

Currently using an Insulin Pump No

Query Text:== Insulin Pump Policy [PC
970] ==Insulin pumps are Not disconnected until
basal insulin(ex. Lantus, Levemir, NPH) has been
administered,

EXCEPT if pt is Hypoglycemic

Edit Status 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00008)

Active

Edit Start 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00008)
=>07/04/2021 05:26

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)

Active=>Discharge

Urine hCG Cassette Rapid Test (ED Only)

Start: 07/04/2021 08:12

Freq:

Status: Complete

Protocol:

Document 07/04/2021 08:13 CAS (Rec: 07/04/2021 08:14 CAS MCEDREDC00008)

Urine hCG Rapid Test

hCG Results

Lot # HCG0102050

Expiration Date 2022-09-30

Internal Positive QC (Red Control Line
is Present) Yes

Internal Negative QC (Clear Background) Yes

Urine Pregnancy Test Results (read in 4
minutes) Negative

Pregnancy Status

Patient Pregnant No

Edit Status 07/04/2021 08:27 CAS (Rec: 07/04/2021 08:27 CAS MCEDREDP06344)

Active=>Complete

Vital Signs

Start: 07/04/2021 05:26

Freq:

Status: Discharge

Protocol: VITALSIGNS

Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDC00008)

Vital Signs

Temp/Pulse/Resp

Protocol: VITALSIGNS

Popovich, Alicia Marie	Fac: Frederick Health Hospital Inc.	Loc:NUR-Emergency Dept	Bed:-
28 F 01/11/1993		Med Rec Num:M0853788	Visit:A089774276
Interventions - Continued			
Temp (97.1 F-100.3 F)	97.5 F		
Temperature Source	Axillary		
Pulse (51-99)	107 H		
Resp (11-23)	16		
Blood Pressure			
BP (91/41-159/99)	126/76		
BP Mean (mm Hg)	92		
BP Position	Sit		
BP Method	Automatic Cuff		
BP Location	Arm, Right		
Oxygen			
Pulse Ox (90-100)	99		
Oxygen Delivery Device	Room Air		
Edit Status 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)			
Active			
Edit Start 07/04/2021 05:38 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)			
=>07/04/2021 05:26			
Document 07/04/2021 07:50 CAS (Rec: 07/04/2021 07:50 CAS MCEDREDT00008)			
Vital Signs			
Temp/Pulse/Resp			
Protocol: VITALSIGNS			
Pulse (51-99)	78		
Resp (11-23)	16		
Blood Pressure			
BP (91/41-159/99)	136/86		
BP Mean (mm Hg)	102		
BP Position	Sit		
BP Method	Automatic Cuff		
BP Location	Arm, Left		
Oxygen			
Pulse Ox (90-100)	99		
Oxygen Delivery Device	Room Air		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)			
Active=>Discharge			
Vital Signs - Monitor	Start: 07/04/2021 05:26		
Freq:	Status: Discharge		
Protocol:			
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)			
Active=>Discharge			
Weigh Patient	Start: 07/04/2021 05:26		
Freq:	Status: Discharge		
Protocol:			
Document 07/04/2021 05:32 LAC (Rec: 07/04/2021 05:38 LAC MCEDREDT00008)			
Weight Assessment			
Current Weight			
Weight	75.7 kg		
Weight Measurement Method	Stretcher Scale		
Weight Change (kg)	N/A		
Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)			
Active=>Discharge			
Weight	Start: 07/04/2021 05:38		
Freq:	Status: Discharge		
Protocol:			

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept Bed:-
 28 F 01/11/1993 Med Rec Num:M0853788 Visit:A089774276

Interventions - Continued

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
 Active=>Discharge

Wound Care - ED Start: 07/04/2021 05:38

Freq: Status: Discharge

Protocol:

Edit Status 07/04/2021 13:19 ALP (Rec: 07/04/2021 13:19 ALP PC1070)
 Active=>Discharge

Ambulatory Orders

bupropion HCl [Wellbutrin XI •] 150 mg PO QDAY 08/04/2013 [History Confirmed 08/04/2013]
 ibuprofen 800 mg PO TID PRN #20 tablet 10/16/2019 [Rx]
 methocarbamol 500 mg PO TID PRN #20 tab 10/16/2019 [Rx]

Clinical Data

Patient Pregnant No

Patient Breastfeeding No

Weight 75.7 kg

Communication Barrier No

Communication Method Verbal Communication

Isolation Required None

COVID-19 Testing Status Negative

Would Pt/Significant Other Like More Information No

Condition stable

Visit Reason Assault

Language English

Diagnosis Code	Name
T76.21XA	Adult sexual abuse, suspected, initial encounter
H57.89	Other specified disorders of eye and adnexa
S10.93XA	Contusion of unspecified part of neck, initial encounter

Current Diagnoses

Other specified disorders of eye and adnexa (07/04/2021)

Soft tissue disorder, unspecified (07/04/2021)

Contusion of unspecified part of neck, initial encounter (07/04/2021)

Adult sexual abuse, suspected, initial encounter (07/04/2021)

Assault by unarmed brawl or fight, initial encounter (07/04/2021)

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit: A089774276

Current Diagnoses - Continued

Encounter for prescription of emergency contraception (07/04/2021)

Encounter for pregnancy test, result negative (07/04/2021)

Discharge

ED Provider: Delauter, Daniel A
 Status: COMPL
 Time Seen by Provider: 07/04/2021 07:58
 Condition: stable
 Triage At: 07/04/2021 05:26

Emergency Discharge Date/Time: 07/04/2021 13:19
 Emergency Discharge Disposition: Home / Self Care
 Clinical Impression: Assault
 Emergency Discharge Comment:

Discharge Intervention Last Done
 Vital Signs 07/04/2021 07:50

Query	Result
Pulse	78
Respirations	16
BP	136/86
Blood Pressure Mean	102
Blood Pressure Position	Sit
Blood Pressure Source	Automatic Cuff
Blood Pressure Location	Arm, Left
Pulse Ox	99
Oxygen Delivery Device	Room Air

ED Discharge 07/04/2021 13:16

Query	Result
Discharge Disposition	H
Did patient leave AMA, elope, LWOT, or LWBS?	No
Is Patient from Nursing Home/Assisted Living	No
ED Discharge Date	07/04/2021
ED Discharge Time	13:17
Mode of Discharge	Ambulates Without Difficu
Discharged To	Self
Was the pt on a cardiac monitor during this visit?	No
Vital Signs are WNL or Consistent with Baseline	Yes Reviewed with Provider
Discharge Instructions Given To	Patient

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc: NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num: M0853788Bed: -
Visit: A089774276

Discharge - Continued

Discharge Instructions Address	Medications Symptoms Worsening Follow Up
Patient Admitted?	No
Is Patient being Transferred to Another Hospital	No
Comment	Patient verbalized understanding of discharge instructions given written information and n-pep medication. Patient ambulated out in no distress with friend

Pain Assessment

07/04/2021 05:38

Query	Result
Pain Scale	Number (1-10)
Pain Score	8

IV/IID, Remove

Auditor Review (Auditors ONLY) 07/04/2021 15:05

Query	Result
DC Data Date/Time	07/04/2021 13:19
ED Discharge Date	07/04/2021
ED Discharge Time	13:17
How did the patient arrive to the ED?	Law Enforcement, EMS/Ambu
ED Mode of Arrival Billing	5
Was patient triage completed?	Yes
ED Patient Triage Value	10
What tye of monitoring did patient require?	Continuous
ED Patient Monitoring	30
Were any Lab tests ordered and completed for patient?	Yes
ED Pt Lab Tests	7
Were any Radiology tests ordered on patient?	Yes
ED Pt Rad Tests	5
Did patient have an IV line place?	Yes-Adult
ED Pt IV Line	10
What type of nurse Involvement was required for medication a	Moderate Med Admin
ED Pt Med Admin	30
How long was the procedure that the nurse/tech was needed?	>30 minutes
ED Pt RN Time	45
What type of nurse involvement was required at discharge?	Simple Discharge

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Discharge - Continued

ED Pt RN Discharge	5
Length of Stay	7.86
Modifier	Yes
ED Billing	147
Care Level	Level 5-M
ED Patient Audit Completed	Yes

Instructions: Follow-Up Instructions - Child Sexual/Abuse/Assault
HIV Testing Information Sheet #

Stand-Alone Forms:

Prescriptions:

Visit Report

- Forms:
- Referrals: PCP Unknown, (Primary Care Provider)
- Additional text: Please follow-up as directed by the safe nurse.

Return here for any new or worsening symptoms.

ImpressionsFacial Bones CT 07/04/2021 09:15

IMPRESSION: No fracture. Soft tissue swelling about the right orbit and face.

Head/Neck CTA 07/04/2021 09:15

IMPRESSION: Unremarkable noncontrast CT scan of the head. No intracranial hemorrhage.

If symptoms persist, MRI may be indicated.

IMPRESSION: No evidence of significant Internal carotid artery or vertebral artery stenosis. No evidence of vascular injury. No hematoma identified. Soft tissue swelling of the right scalp and face.

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A069774276

Impressions - Continued

Orders

07/04/2021 07:54

Code Status Routine

Resuscitation Status: Full Code

07/04/2021 08:00

Prep-CT FAC Procedure Q1HX1

Allergy Check For IV Dye * [Allergy Check For IV Dye] 1 ea IV ASDIRECTED PRN

07/04/2021 08:01

Dysphagia Screening Q1HX1

Prep- CT Anglo Procedure Q1HX1

07/04/2021 08:04

IV/IID, Site Initiate ONE TIME

07/04/2021 08:05

URINE TOXICOLOGY SCREEN Stat

Comment:

Specimen: Has been collected

07/04/2021 08:26

ALCOHOL Stat

Comment:

Specimen: Has been collected

CBC w/Platelet & Differential Stat

Comment:

Specimen: Has been collected

Comprehensive Metabolic Panel Stat

Comment:

Specimen: Has been collected

HCG SERUM QUAL REFLEX TO QUANT Stat

Comment:

Specimen: Has been collected

HEPATITIS B SURFACE AB Stat

Comment:

Specimen: Has been collected

HEPATITIS B SURFACE AG (FMH) Stat

Comment:

Specimen: Has been collected

HEPATITIS C VIRUS ANTIBODY Stat

Comment:

Specimen: Has been collected

HIV ANTIGEN ANTIBODY COMBO Stat

Comment:

Popovich, Alicia Marie
 Fac: Frederick Health Hospital Inc. Loc: NUR-Emergency Dept
 28 F 01/11/1993 Med Rec Num: M0853788
 Bed: - Visit: A089774276

Orders - Continued

Specimen: Has been collected

TREPONEMA ANTIBODY Stat

Comment:

Specimen: Has been collected

07/04/2021 08:48

Ketorolac Vial * [Toradol *] 30 mg IV ONE TIME ONE

07/04/2021 09:15

CT FACIAL BONES W CONT Urgent

Comment:

Physician Instructions:

Reason For Exam: trauma

ITS Sites: Main Hospital

CT HEAD WO + HEAD NECK ANGIO W Urgent

Reason For Exam: trauma, stangulation

ITS Sites: Main Hospital

Initiate Rad Contrast Protoc C Routine

Comment:

Physician Instructions:

Reason For Exam: Initiate Radiology Contrast Protocol

ITS Sites: Main Hospital

07/04/2021 09:49

Emtricitabine/Tenofovir * [Truvada 200-300 mg *] 1 tab PO ONE TIME ONE

Hiv Post Exposure Prophylaxis 1 ea PO ONE TIME ONE

Levonorgestrel * [Plan B *] 1 unit PO ONE TIME ONE

Ondansetron Tab Odt * [Zofran Tab Odt *] 4 mg PO ONE TIME ONE

Raltegravir Potassium * [Isentress *] 400 mg PO ONE TIME ONE

cefTRIAXone VIAL * [Rocephin Vial *] 500 mg IM ONE TIME ONE

metroNIDAZOLE * [Flagyl *] 2,000 mg PO ONE TIME ONE

07/04/2021 10:00

CHLAMYDIA/GC PCR URINE Stat

Comment:

Specimen: Has been collected

07/04/2021 11:55

Azithromycin Tab * [Zithromax Tab *] 1,000 mg PO ONE TIME ONE

07/04/2021 12:02

CHLAMYDIA/GC PCR THROAT Stat

Comment:

Specimen: Has been collected

07/04/2021 13:40

CHLAMYDIA/GC PCR ENDOCERVIX Stat

Comment:

Specimen: Has been collected

07/04/2021 13:45

VAGINOSIS PANEL DNA Stat

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Orders - Continued

Comment:

MIC Source: Vaginal

Specimen: Has been collected

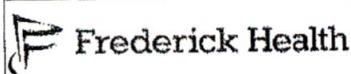
Specimen Description:

Procedures

Application of splint (05/07/2004)

User Key

Monogram	Mnemonic	Name	Credentials	Provider Type
ALP	N-RN-ALP	Palmer,Anne L	RN	Registered Nurse
CAS	CSAPPING	Sappington,Chaya A	RN	Registered Nurse
KPL	N-CN-KPL	LeComte,Katherine P	RN	Registered Nurse
LAC	LCORTEZ	Cortez,Luz A		Registered Nurse
MLR	MRAWAT	Rawat,Melanie L		ED Registration



Nursing Notes - Last 72 hrs

Page: 1

Date: 07/08/2021 02:56

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788

Attending:

Reason:Assult

Bed:-

Visit: A089774276

Reg Date: 07/04/2021

Nursing Notes - Last 72 hrs

07/07/2021 13:09 Nurse's Note by Winklbauer,Ann M

Patient here for follow-up exam post report of SA/ strangulation on 7/4/2021. Patient accompanied by Darlene (mother). This FNE completed follow-up exam with photo documentation. Patient Navigator present- see note. Current complaints and/or concerns by patient include mild nausea and a "sore" neck, both of which patient states are tolerable. Patient tolerated exam and photodocumentation well without any difficulties.

Instructions for medication (patient on nPEP protocol), side-effects, follow-up resources, safety planning, other concerns reviewed with patient. Stated understanding.

Initialized on 07/07/2021 13:09 - END OF NOTE

07/07/2021 11:10 Nurse's Note by Winklbauer,Ann M

Spoke w/ Pt she will be coming in shortly for followup with FNE and SW'er

Initialized on 07/07/2021 11:10 - END OF NOTE

07/06/2021 13:13 Nurse's Note by Winklbauer,Ann M

This FNE consulted with Pharmacist Rhiannon regarding patient's positive Gardnerella results. Patient needs full week course for BV treatment per Rhiannon. Prescription sent to CVS by pharmacy as requested by patient. Patient notified to pick up. Will follow up per nPEP protocol and patient notified to return to ED or primary care provider with continued or worsening symptoms.

Initialized on 07/06/2021 13:13 - END OF NOTE

07/05/2021 13:03 Nurse's Note by Holtzinger,Pamela S

Called patient to discuss lab results and to arrange follow up appointment for evaluation of injury/symptom progression and for meeting with Forensic social worker for other needs. No answer but left a message to contact forensic services.

Initialized on 07/05/2021 13:03 - END OF NOTE

07/04/2021 12:38 Nurse's Note by Palmer,Anne L

This FNE called to evaluate patient for complaint of [sexual assault, abuse/ strangulation]. Informed consent obtained from patient and exam performed in [forensic suite] once patient deemed medically stable by provider. Patient Navigator to contact patient for follow-up regarding social concerns and community resources. Lethality assessment completed and results discussed with patient. Coordinated with [Dt. McKinney] from law enforcement. Case # [21-49724], jurisdiction [FCPD]. Discharge instructions reviewed with patient (see copy attached to chart). Advised ~~to~~ follow up with primary doctor for continued care and

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Nursing Notes - Last 72 hrs - Continued monitoring and to return to emergency department for worsening symptoms. Stated understanding. Discharged to [home] with [best friend] via [ambulatory] in stable condition.

Initialized on 07/04/2021 12:38 - END OF NOTE

07/04/2021 09:24 Nurse's Note by Sappington,Chaya A

Patient able to ambulate to the Safe Sulte with a steady gait with Safe RN.

Initialized on 07/04/2021 09:24 - END OF NOTE

07/04/2021 09:19 Nurse's Note by Sappington,Chaya A

Report given to Anne, Forensics RN. Per Dan Delauter, NP, patient can go to Safe Sulte.

Initialized on 07/04/2021 09:19 - END OF NOTE

07/04/2021 08:56 Nurse's Note by Sappington,Chaya A

Patient to CT scan at this time.

Initialized on 07/04/2021 08:56 - END OF NOTE

07/04/2021 08:55 Nurse's Note by Sappington,Chaya A

Patient medicated per MAR, Patient educated on medication and side effects, state understanding. Ice water and ice pack provided.

Initialized on 07/04/2021 08:55 - END OF NOTE

07/04/2021 08:25 (created 07/04/2021 08:28) Nurse's Note by Sappington,Chaya A

Patient's ex- husband, Cody at bedside with patient's permission.

Initialized on 07/04/2021 08:28 - END OF NOTE

07/04/2021 07:39 Nurse's Note by Sappington,Chaya A

Pam, Forensics Nurse Supervisor spoke with this RN, states she has been in touch with the detective handling this case. On the phone with the patient at this time.

Initialized on 07/04/2021 07:39 - END OF NOTE

07/04/2021 07:13 Nurse's Note by Cortez,Luz A

detective was able to get in touch with SAFE supervisor

Popovich, Alicia Marie

Fac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0653788

Bed:-
Visit: A089774276

Nursing Notes - Last 72 hrs - Continued

Initialized on 07/04/2021 07:13 - END OF NOTE

07/04/2021 07:10 (created 07/04/2021 07:14) Nurse's Note by Cortez,Luz A
report given to Chaya RN for continuation of care

Initialized on 07/04/2021 07:14 - END OF NOTE

07/04/2021 06:51 Nurse's Note by Cortez,Luz A
VM left for SAFE supervisor

Initialized on 07/04/2021 06:51 - END OF NOTE

07/04/2021 06:45 Nurse's Note by Cortez,Luz A
second call to SAFE nurse made at this time -- no response
operator calling SAFE supervisor

Initialized on 07/04/2021 06:45 - END OF NOTE

07/04/2021 06:09 Nurse's Note by Cortez,Luz A
left message for Ann, SAFE nurse.

Initialized on 07/04/2021 06:09 - END OF NOTE

07/04/2021 06:02 Nurse's Note by Cortez,Luz A
patient ambulated to restroom
asked to provide sample, discouraged from wiping after using restroom

Initialized on 07/04/2021 06:02 - END OF NOTE

07/04/2021 05:50 (created 07/04/2021 07:19) Nurse's Note by Cortez,Luz A
detective sean mckinney to bedside

Initialized on 07/04/2021 07:19 - END OF NOTE

07/04/2021 05:47 Nurse's Note by Cortez,Luz A
FCPD x 2 officers to bedside

Initialized on 07/04/2021 05:47 - END OF NOTE 302

Popovich, Alicia MarieFac: Frederick Health Hospital Inc. Loc:NUR-Emergency Dept
28 F 01/11/1993 Med Rec Num:M0853788Bed:-
Visit:A089774276

Nursing Notes - Last 72 hrs - Continued

07/04/2021 05:30 (created 07/04/2021 07:09) Nurse's Note by Cortez, Luz A
patient brought in for SAFE RN evaluation.

per patient, she was raped 2 hours ago in an alley way

patient punched multiple times (5-6 at least) by assailant & choked, has redness around neck.
patient's right eye bruised, closed shut. multiple abrasion noted to face, knees, scratch marks noted to
thighs and upper back.

per patient, she was wearing a dress when this happened, already gave her dress and underwear to the
police.

Initialized on 07/04/2021 07:09 - END OF NOTE



Maryland Governor's Office of Crime Prevention, Youth, and Victim Services
Sexual Assault Reimbursement Unit (SARU)
100 Community Place, Crownsville, MD 21032

Authorization For Sexual Assault Forensic Medical Examination

This form is to be submitted with an itemized bill, and UB-04 CMS 1450 or OMB 0938-1197 1500 form. Submit mandatory forms for reimbursement to the Sexual Assault Reimbursement Unit (SARU) within 90 days of the exam. Reimbursement claims are subject to the guidelines of the SARU. All fields must be completed. Please provide a remittance address if it is different from the facility address.

Patient Information

Patient Full Name: Popovich Alicia Marie
(Last) (First) (Middle)

Patient DOB: 4/14/33 Patient Medical Record Number: M 085 3788
(mm/dd/yy)

Patient Age: 28 Patient Race: C

Patient Gender: Male Female Transgender Other:

Patient Address: 111 East South St. Apt. 302 Fred, MD 21701
(County) (Zip Code)

Date & Time of Sexually-Based or Sexually Related Crime: 7/1/21 (mm/dd/yy) 6:00 AM (Approximate Time) (AM/PM)

Location of Sexually-Based or Sexually Related Crime: Fred, MD
(City/County/State)

Date and Time of Forensic Exam: 7/1/21 (mm/dd/yy) 6:00 AM (Approximate Time) (AM/PM)

Blind Report/Anonymous Exam: YES NO

Police Department Contacted: Fred City Police Officer Name: Det. McKinney
470 (Badge #) (District) (Phone)

Police Case Number OR Property Held Number: 31-49724

Other Case Number or Identifier:

Healthcare Facility Information

Healthcare Facility: Frederick Health

Healthcare Professional Conducting Examination: Anne Palmer FNP N/P

Facility Phone Number: 240-566-3300 Facility Fax:

Billing Email Address:

Appointment Type: Initial Examination Follow Up Care

Authorization For Sexual Assault Forensic Examination Continued

Authorization for Medical Examination, Collection of Evidence, and Release of Information

I hereby authorize Fred. Health Hosp and A. Palmer FNP AP
(Hospital) (Qualified Healthcare Professional/Examiner)

to conduct a medical assessment and treatment which may include a sexual assault forensic exam to gather information and evidence as to an alleged sexual assault, including the collection of blood, urine, tissue, or other specimens and clothing and the taking of photographs and/or video.

In addition, I hereby authorize the transmittal of the below list of forensic medical services and treatment rendered to me to the Criminal Injuries Compensation Board's Sexual Assault Reimbursement Unit (SARU) for the purpose of providing the authority for the SARU to pay the physician, qualified healthcare provider, or hospital for the services rendered to me and for the collection of evidence. I understand that my personal information including medical chart, narrative of the assault, and photographs/video cannot be disclosed as a requirement to obtain reimbursement pursuant to Criminal Proceedings §11-1007.

Signed: Alicia Popovich Alicia
(Print Name) (Signature)
Relationship to patient: Self Date: 7-4-21
(self, guardian, authorized individual) (mm/dd/yy)

Physician Certification of Sexual Assault Treatment to Validate Reimbursement

I hereby attest and affirm to the best of my knowledge that Alicia Popovich (Patient's full name) was treated for injuries sustained as a result of alleged rape, sexual assault, or child sexual abuse in accordance with COMAR 10.12.02.5. I certify that any items billed to the SARU for reimbursement are for the treatment of injuries sustained as a result of alleged rape, sexual assault, or child sexual abuse.

Signed: Daniel Delauter Alicia L. Obauer CRN
(Treating Physician) (Print) (Signature) (License #)
Date: 07/04/21 AP#000
(mm/dd/yy)

Authorization For Sexual Assault Forensic Examination-Continued

Patient Name: Alicia Popovich

Medical Services

Medical Screening Examination Forensic Exam Radiology Surgical Consult
 Other (please explain): _____

Signature: Lauren FNC APRN

Forensic Nurse Examiner

(License #)

Laboratory Services

Blood Panels: CBC CMP
Pregnancy Test: Serum Urine (HCG Qualitative only)

Sexually Transmitted Infections:

Genital culture Urine NAAT Wet Prep.
 Gonorrhea: Oral Rectal Vaginal
 Chlamydia: Oral Rectal Vaginal
 Trichomoniasis RPR, VDRL, Syphilis Herpes Culture Hepatitis Panel HIV
antigen/antibody
 Rectal Culture

Drug Facilitated Sexual Assault (DFSA):

Was DFSA suspected? Yes No

If yes, please select all laboratory services rendered:

Toxicology Panel (see attached invoice):
 Urine Blood

Other/Explain: _____

Prescribed Medications

Emergency Contraception: Yes No
Pain Medication: Tylenol (Acetaminophen) Motrin (Ibuprofen) Lidocaine
 Ketorolac
Antibiotics: Rocephin (Ceftriaxone) Flagyl (Metronidazole) Doxycycline
 Zithromax (Azithromycin) Suprax (Cefixime) Cipro (Ciprofloxacin)
 Erythromycin
 Tetanus
 Human Papillomavirus (HPV) Hepatitis B Immune Globulin (HBIG)
Vaccines: nPEP therapy*
Prophylaxis: Zofran (Ondansetron)
 Other/Explain: _____

If patient receives nPEP therapy, complete the nPEP/HIV Prophylaxis Treatment and Reimbursement Claim Form

Authorization For Sexual Assault Forensic Examination-Continued

Patient Name: Alicia Popovich

Required Data

Was the patient assessed for exposure to HIV? Yes No

Did the patient qualify to receive nPEP? Yes No

Did the patient choose to receive nPEP? Yes* No

Complete and submit the separate nPEP/HIV Prophylaxis Treatment Reimbursement Claim & Prescription Form

Did the patient elect to receive nPEP treatment without a SAFE exam? Yes No

Was a follow-up care referral made? Yes No

If yes, where: Frederick Health Hospital

Number of days/doses of nPEP treatment provided at facility: 1 3 5 7 28 Other: _____

(A "Sexually-based assault" includes any rape, sexual assault, or sexual child abuse as outlined in Maryland Criminal Law Articles 3-303 through 3-308).

Popovich, Alicia Marie

ACCOUNT# A089774276

UNIT# M0853788

ADMIT DATE

DOB 01/11/1993

AGE 28

SEX F

FREDERICK HEALTH

400 West 7th Street
Frederick, MD 21701

240-506-3300



A089774276

Iodinated Contrast Assessment - Hospital

Your examination may require the injection of a contrast agent into your bloodstream. The contrast agent (also known as "IV contrast" or "X-ray dye") stands out on the X-ray or CT scan and helps the radiologist interpret the study. The contrast agent is injected through a small needle placed in your vein. Any injection carries a slight risk of harm. Risks associated with inserting the IV needle and contrast includes: infection, extravasation, nerve and blood vessel injury. After injection of the iodinated contrast agent – one that contains iodine – a patient will occasionally have a mild reaction to the contrast agent and develop nausea, sneezing, or hives. In extremely rare cases (1 in 10,000 patients), a more serious allergic reaction may occur, which could result in death. The physicians and staff of the Frederick Health Hospital Imaging Department are trained to recognize and treat these reactions.

Check the box next to each medical condition (past or present) that applies to you:

Allergy to IV Iodinated Contrast** Describe the reaction: *If you are allergic to IV Iodinated Contrast, were you pre-medicated for this exam? Y or N*

Pre-medication given: Methylprednisolone (Medrol) Other _____

Kidney Disease* (dialysis, transplant, one kidney, cancer, surgery)

Diabetes* Use medication containing Metformin*

High-Blood Pressure controlled with medication and a history of vascular disease* (Heart or Vascular surgery, Stents, Claudication)

Severe food or medication allergy requiring immediate medical treatment**

Describe the reaction:

(Female Patients Only)

You should be aware that some imaging exams result in radiation to an unborn child and are only performed when absolutely necessary on patients who are pregnant.

Is there any possibility you can be pregnant? Y or N *Pelvic Surgery:*

What is the first day of your last complete menstrual period? Month _____ Day _____ Year _____

I have answered the above questions accurately to the best of my knowledge and hereby authorize the injection of IV contrast.

Alb
Patient or Designee Signature

7/4/21 09:00
Date Time

Witness

Date Time

7/4/21 07:00

FREDERICK HEALTH HOSPITAL STAFF USE ONLY
(*Creatinine Clearance required) (**refer to PC965)

Day/Evening IV	Missed IV Attempts: Location/Initials:	#1	#2	#3	Date Drawn:
IV Started:	Date	Time	Initials	eGFR:	Creatinine:
Injection:	7/4/21	09:00	VLS	85 ml's of	Site: _____
IV Removed:				Cath Intact? Y or N	% Lot #: _____ Expir. 22 APR 2024 05473542

Reaction/Complication: *None, or*

CT & Radiology Intravenous Contrast Administration Protocol:

Omnipaque™ (iohexol) 300 mg/ml is to be administered for all Intravenous Pyelogram (IVP) and general CT exams. Omnipaque™ (iohexol) 350 mg/ml is to be administered for all CT Angiogram (CTA) exams. Visipaque™ (iodixanol) 320 mg/ml may be administered for patients with renal insufficiency. The dosage for each contrast agent is 2.0ml/kg up to a maximum of 100 ml for adult and pediatric patients except for IVP and CT Uograms exams the maximum dose is up to 150ml for adults only.

Oral Contrast Administration Protocol:

CT Abdominal and/or Pelvic exams: The dosage is 50 ml of Omnipaque™ (iohexol) 300 mg/ml mixed with 40 ounces of water one (1) hour prior to CT exam.

CT Enterography (Neutral Abdominal/Pelvic Imaging) exams:

The dosage is three (3) bottles or 50.7 ounces of Breeza™ Flavored Beverage administered in 20 minute increments 60 minutes prior to exam.



Popovich, Alicia Marie
Account # A089774276
Medical Rec # M0853788
Service/Admit Date
Birthdate 01/11/1993
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FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

Cranial Nerve Assessment

Nerve	Assessment	Notes
CN I Olfactory	Identifies a familiar scent with eyes closed (coffee).	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN II Optic	Read one eye at a time. Visual fields tested by having patient cover one eye and identify number of fingers in each visual field.	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Unable to assess <i>(R eye swollen)</i>
CN III Oculomotor	Check pupillary response with light. Check accommodation by moving your finger towards the patient's nose. Check for EOMs.	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Unable to assess <i>couldn't open R eye</i>
CN IV Trochlear	Have patient look down and in.	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Unable to assess
CN V Trigeminal	Ask patient to open mouth while you attempt to close it. Have them attempt to move jaw laterally. Have patient close their eyes. Touch their face with cotton and have patient identify where they were touched.	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Unable to assess <i>couldn't open too painful</i>
CN VI Abducens	Have patient move their eyes from side to side.	<input type="checkbox"/> WNL <input checked="" type="checkbox"/> Unable to assess
CN VII Facial	Ask patient to smile and raise eyebrows. Ask them to keep eyes and lips closed while you try to open them.	<input type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN VIII Acoustic/Vestibular	Test hearing with rubbing fingers or whispering.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN IX Glosso-pharyngeal	Observe patient swallow, and check gag reflex.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN X Vagus	Assess gag and swallowing with IX. Assess patient's voice characteristics.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN XI Spinal Accessory	Have patient shrug shoulders with resistance. Have patient move head from side to side.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unable to assess
CN XII Hypoglossal	Have patient stick out tongue and move it internally from right to left. Assess articulation.	<input checked="" type="checkbox"/> WNL <input type="checkbox"/> Unable to assess

Cranial nerve assessment normal

Describe abnormalities: *swollen R eye, too painful to open mouth*

FNE Signature: *lisa FNE APR*

Date/Time: *2/4/01 16 14h*



**AUTHORIZATION FOR SEXUAL ASSAULT FORENSIC MEDICAL EXAMINATION and
FOR DISCLOSURE OF MEDICAL INFORMATION**

STEP 1

Popovich, Alicia Marie



Hospital Name: Fred. H. H. Hsp Brought by: Fred

Police Case #: 21-47724 OR Property Held #:

OR Other Case #:

Name of Victim: Alicia Popovich

DOB: 1/11/73 Age: 28 Sex: F Race: C

Address: 111 East South St. Apt 362 Zip: 21201 Phone: 240-215-7301

Date/Time of Incident	If Police Notified:	Admitted to ER:	Examination:
Date: <u>7/14/01</u>	Date: <u>7/14/01</u>	Date: <u>7/14/01</u>	Date: <u>7/14/01</u>
Time: <u>00200</u>	Time: <u>0547</u>	Time: <u>0532</u>	Time: <u>0932</u>

Requesting Officer, if notified (Name, District, Telephone):

Authorization for medical examination, collection of evidence, and release of information: I hereby authorize Fred. H. H. Hsp and A. Popovich FNP AP to (Hospital) (Physician/Examiner)

conduct a physical examination of my person, including a gynecological examination, to gather information and evidence as to an alleged sexual assault, including the collection of blood, urine, tissue or other specimens and clothing and the taking of photographs and/or video. In addition, I hereby authorize the transmittal of a copy of all medical reports created pursuant to the examination, including any laboratory reports, to the Department of Health and Mental Hygiene's Sexual Assault Reimbursement Unit (SARU) for the purpose of providing the authority for SARU to pay the hospital and/or physician/examiner for services rendered to me and for the collection of evidence. Furthermore, I hereby authorize the transmittal of a copy of all medical reports, other information created, and evidence collected pursuant to the examination to the Police Department of the jurisdiction where the alleged crime took place, when and if I elect to report the alleged sexual assault to the police, and to the Office of the State's Attorney of the jurisdiction, when and if I elect to cooperate with a prosecution of the alleged sexual assault. The authorization for release of my medical records is valid for one year from the date of signing.

Signed: Alicia Popovich Date: 7-4-01
(Responsible Party) (Print) (Signature)

Witness: Date: 7/14/01

PLEASE USE BALL POINT PEN FOR COMPLETION

Popovich, Alicia Marie
Account # A089774276
Medical Rec # M0853788
Service/Admit Date
Birthdate 01/11/1993
P 28

A089774276

FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

MEDICAL FORENSIC REPORT: POST-STRANGULATION EXAMINATION

Confidential Document: Restricted Release

Step #1: General Information

Patient's Name: Alicia Popovich D.O.B. 1/11/73

Case# 21-49724 Police Agency FCPD Det./Officer Dct. M. K. L.

Date & Time of Medical Forensic Exam: 7/1/21 0800 Date & Time of Strangulation: 7/4/21 0700

Safe number for contact (240) 215-7301 Scheduled follow up date:

Text messages permitted? Yes No

Focused PMH

Respiratory: (Asthma, Smoker, etc.) NA

Neurological: (stroke, seizures, other) NA

Skin: NA

Medications: NA

Affect/Demeanor: (circle appropriate responses) sad crying tearful labile flat anxious withdrawn angry scared non-verbal confused interactive calm

Other:

Have you been strangled/choked before? No

Yes: If so, how many times?

When?

Step 2: Medical Release

MEDICAL RELEASE

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records, radiographs, collection of evidence such as, photography, swabs, blood and urine specimens related to this incident to law enforcement, and the States' attorney's Office.

Patient Signature: Alicia Popovich Relationship to patient: PT Date & Time: 7/4/21 0700

Witness (Print): A. Popovich Signature: J. Brown Date/Time: 7/4/21 0700



Popovich, Alicia Marie
Account# A089774276
Medical Rec# M0863788
Service/Admit Date
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400 West 7th Street
Frederick, MD 21701
240-566-3300

Step #3: Description of Strangulation Event:

Hx provided by: (parent, guardian, other) patient

History of event:

"I was walking home from down town around 0200"
"I was grabbed from behind with one hand & around
body by his other hand & arm" "dragged me down
alley" "I tried to get away" "Pushed me down to my
knees on concrete" "(past train tracks)" "He told me to
"lift dress up I screamed" "He got on top of me"
"He punched me & slammed & slapped me in face multiple
times" "He put his "Dick" in my vagina & mouth
repeatedly back & forth" "He said he would kill me"
"He threw my shoe off & smashed my phone" "When
he was done he pulled me up & said I can't believe
I did this look e your face" "I just needed you" "I told
him I had to go home to let out dog" "He let See attached.

Symptoms and/or Internal Injury:

Patient Responses: (Check appropriate boxes)

Breathing Changes	Voice Changes	Swallowing Changes	Behavioral Changes	OTHER
<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Unable to breathe <input type="checkbox"/> Other:	<input type="checkbox"/> Raspy voice <input checked="" type="checkbox"/> Hoarse voice <input type="checkbox"/> Coughing <input type="checkbox"/> Unable to speak	<input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Painful to swallow <input type="checkbox"/> Neck Pain <input type="checkbox"/> Nausea /Vomiting <input type="checkbox"/> Drooling	<input type="checkbox"/> Agitation <input type="checkbox"/> Amnesia <input type="checkbox"/> PTSD <input type="checkbox"/> Hallucinations <input type="checkbox"/> Combativeness	<input type="checkbox"/> Dizzy <input checked="" type="checkbox"/> Headaches <input type="checkbox"/> LOC <input type="checkbox"/> Urination <input type="checkbox"/> Defecation

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Popovich, Alicia Marie

Account # 4089774276

Medical Rec # M0853788

Service/Admit Date

Birthdate 01/11/1993

P



FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701

240-566-3300

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Method and/or Manner:

How and where was the patient strangled? One Hand (R or L) Two hands
Forearm (R or L) Knee/Foot (R or L)Ligature
(Describe):How long? Seconds Minutes 5 min Smothered? If yes, with what? From 1 to 10, how hard was the suspect's grip? (Low): 1, 2, 3, 4, 5 6, 7, 8, 9, 10 (high)

From 1 to 10, how painful was it? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

Multiple attempts: Multiple Methods? HandIs the suspect RIGHT or LEFT handed? (Circle one). Left

Did the suspect say anything while strangling the patient, before and/or after?

"Don't Set me, I'll kill you, and then shut up shut up"

Was patient shaken simultaneously while being strangled?
Straddled? Yes No
 Yes No
 Yes No

Held against wall?

If yes to any of the above questions,
explain:Was the patient's head pounded against wall, floor or ground? Yes No

If yes, explain:

on concrete

Did the patient's feet lift off of the floor?

 Yes No

What did the patient think was going to happen?

"I thought it was gonna die"

How or why did the suspect stop strangling patient?

"Because it stopped screaming"

What was the suspect's demeanor?

"crazy"

Describe what the suspect's face looked like during strangulation?

"I couldn't see what it, it was dark" "red and angry"

Where did prior incidents of strangulation occur? Prior domestic violence? Prior threats? Explain.

NY



Popovich, Alicia Marie
 Account # A089774276
 Medical Rec # M0853788
 Service/Admit Date: 01/11/1993
 Birthdate: 01/11/1993
 F 28

A089774276
 A089774276

FREDERICK HEALTH HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

Step #4: Medical Assessment:

Medical Assessment: (Check appropriate boxes)

Face	Eyes & Eyelids	Nose	Ear	Mouth
<input checked="" type="checkbox"/> Red or flushed <input type="checkbox"/> Petechiae <input type="checkbox"/> Scratch marks <input type="checkbox"/> Other _____	<input type="checkbox"/> Petechiae to R and/or L eyeball <input type="checkbox"/> Petechiae to R and/or L eyelid <input type="checkbox"/> Scleral hemorrhages <input checked="" type="checkbox"/> Vascular congestion/ Dilation <input type="checkbox"/> Other _____	<input type="checkbox"/> Bloody nose <input type="checkbox"/> Broken nose <input type="checkbox"/> Petechiae <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Petechiae (external and/or ear canal) <input type="checkbox"/> Bleeding from ear canal <input checked="" type="checkbox"/> Other <i>swell bruise</i>	<input checked="" type="checkbox"/> Contusion/Bruising <input type="checkbox"/> Swollen tongue <input checked="" type="checkbox"/> Swollen lips <input checked="" type="checkbox"/> Cuts/abrasions <input type="checkbox"/> Laceration <input type="checkbox"/> Petechiae <input type="checkbox"/> Other _____
Under Chin	Chest	Shoulders	Neck	Head
<input type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input type="checkbox"/> Contusion/ Bruise(s) <input type="checkbox"/> Abrasions <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Redness <input checked="" type="checkbox"/> Scratch marks <input type="checkbox"/> Contusion/Bruise(s) <input type="checkbox"/> Abrasions <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Redness <input type="checkbox"/> Scratch marks <input checked="" type="checkbox"/> Contusion/ Bruise(s) <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Redness <input checked="" type="checkbox"/> Scratch marks <input checked="" type="checkbox"/> Finger nail impressions <input checked="" type="checkbox"/> Contusion/ Bruise(s) <input type="checkbox"/> Swelling <input type="checkbox"/> Ligature mark <input type="checkbox"/> Other _____	<input type="checkbox"/> Petechiae (on scalp) <input type="checkbox"/> Hair pulled <input type="checkbox"/> Swelling <input type="checkbox"/> Skull fracture <input type="checkbox"/> Concussion <input type="checkbox"/> Other _____

Step #5: Photos/Body Map

Photo documentation completed? Yes No If "no", explain: _____

Number of photos: 75 Video? Yes No Other method of documentation? _____

Photographer: A. Palmer FAE A/P Assisted by: _____

Photo Log Completed

See Other Documentation: _____

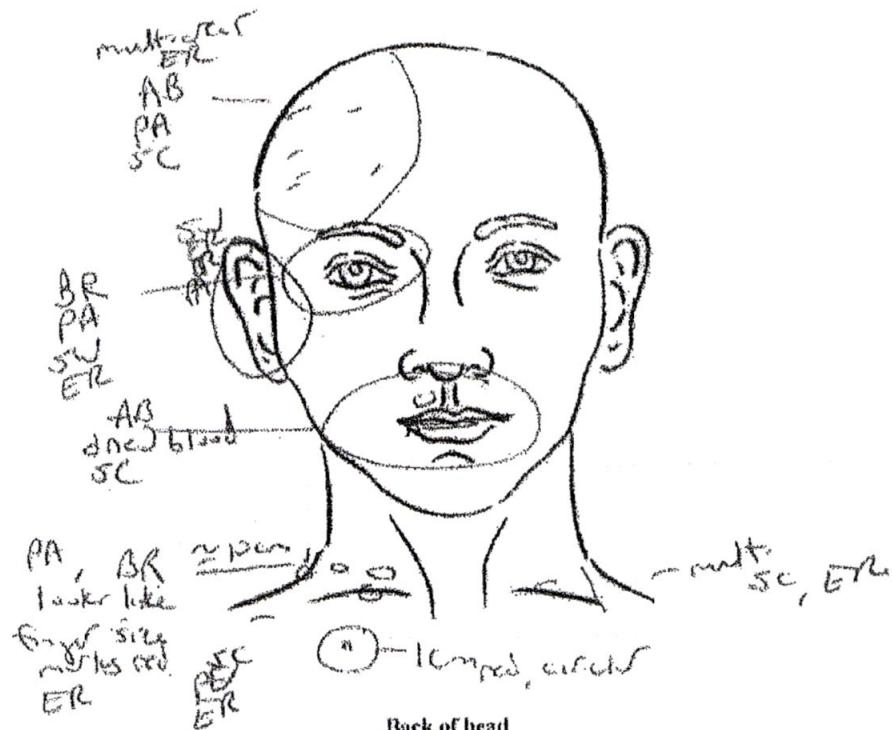



 Popovich, Alicia Marie
 Account# A089774275
 Medical Rec# M0853788
 Service/Admit Date
 Birthdate 01/11/1993
 F 28

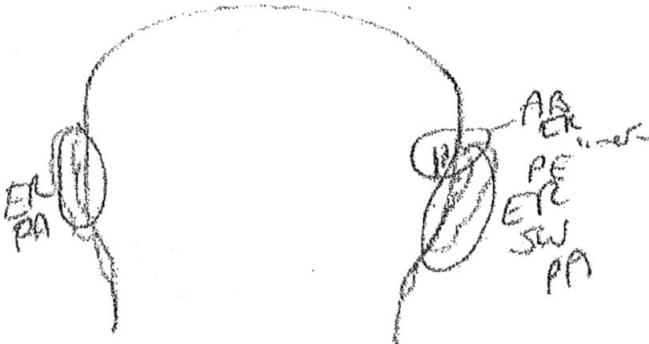
FREDERICK HEALTH HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

Front of Face



Back of head



Map Legend

AB Abrasion	HP Hand Print	SC Scratches
BR Bruise/contusion	LA Laceration	SE Subcutaneous Emphysema
BU Burn	LI Ligature Mark	SH Subconjunctival Hemorrhage
CU Cut/incision,	PA Pain	SW Swelling
ER Erythema	PE Petechiae	FE Forensic Evidence

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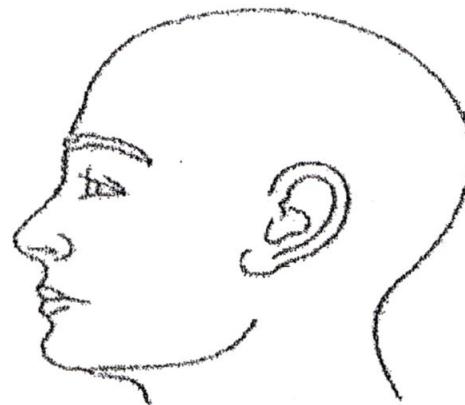
Popovich, Alicia Marie
Account # A089774276
Medical Rec # M0853788
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FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

Left Side of Head



Right Side of Head



Map Legend

AB Abrasion	HP Hand Print	SC Scratches
BR Bruise/contusion	LA Laceration	SE Subcutaneous Emphysema
BU Burn	LI Ligature Mark	SH Subconjunctival Hemorrhage
CU Cut/incision	PA Pain	SW Swelling
ER Erythema	PE Petechiae	FE Forensic Evidence

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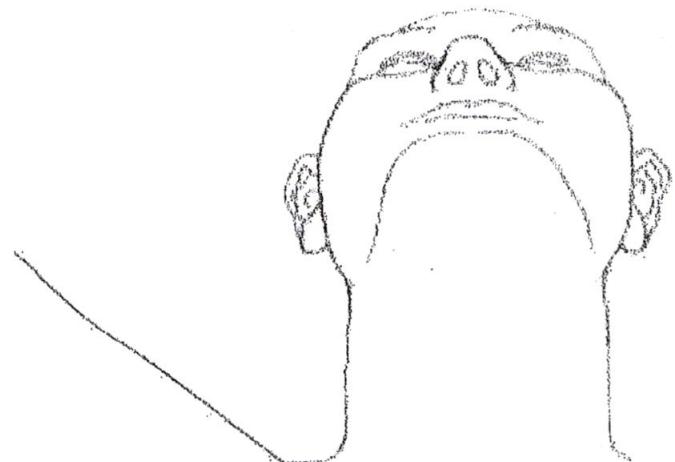
Popovich, Alicia Marie
Account # A089774276
Medical Rec # M0853788
Service/Admit Date
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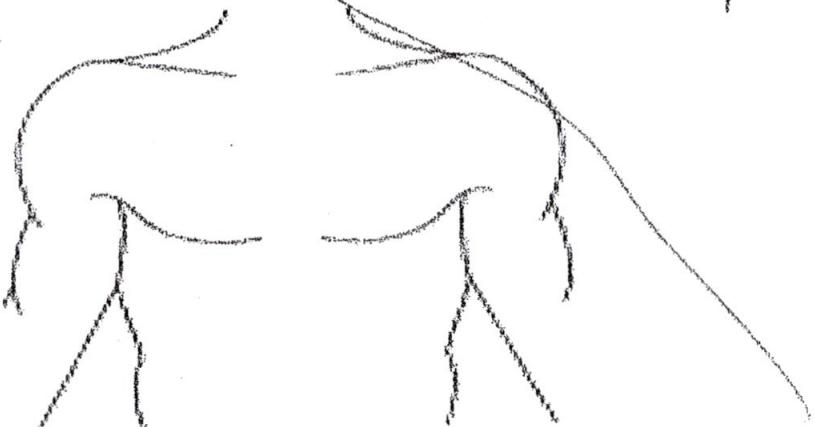
FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

Under Chin and Neck



Shoulders and Chest



see other body p
map

Map Legend

AB Abrasion	HP Hand Print	SC Scratches
BR Bruise/contusion	LA Laceration	SE Subcutaneous Emphysema
BU Burn	LI Ligature Mark	SI Subconjunctival Hemorrhage
CU Cut/incision	PA Pain	SW Swelling
ER Erythema	PE Petechiae	FE Forensic Evidence

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	Popovich, Alicia Marie Account# A089774276 Medical Rec.# M0853788 Service/Admit Date Birthdate 01/11/1993 F 28		FREDERICK HEALTH HOSPITAL 400 West 7th Street Frederick, MD 21701 240-566-3300
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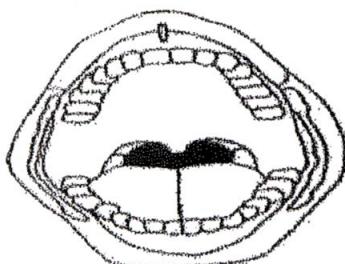
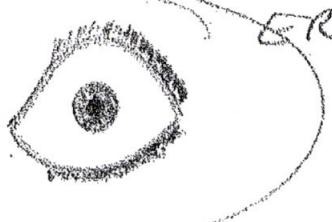
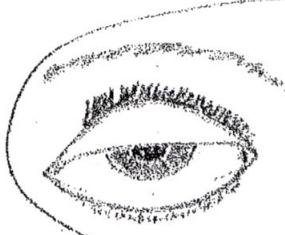
Outer Eyelid/Upper & Lower Conjunctiva/Sclera &
Mouth-Palate/Tongue/Frenulum/Lips & Teeth

Right

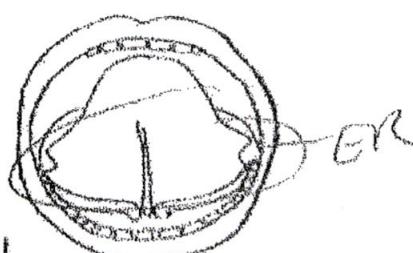
Due to swelling & pain unable to
open entire of
eye



Left



Couldn't
open mouth
& tie
eye too
pained



Check all that apply:

- Forensic evidence collection completed. (See appropriate evidence collection and COC forms for complete list).
- Lethality Assessment completed.
- Laryngoscopic examination completed. *NA*

Vascular Studies Completed: MRI/MRA Ultrasound CT

Examiner Name: A. Palmer PA-C Signature: h. schne Date: 2/16/16 Time: 6:19pm

Frederick Memorial Hospital gratefully acknowledges the work of Sally Sturgeon, DNP and Dr. Bill Smock for their assistance in the development of this form.

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Popovich, Alicia Marie
Account # A019771276
Medical Rec # N0093788
Service/Adult Date
Birthdate 01/11/1993
F 28

A019771276
A019771276

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

MEDICAL FORENSIC REPORT: DOMESTIC VIOLENCE EXAMINATION

A. GENERAL INFORMATION

1. Patient's Last Name, First Name,	M.I.	Case Number					
Popovich, Alicia	M	21-49724					
2. Street Address (optional)	Apt	City	County	State	Zip Code	Telephone (optional)	
111 East South St 302		Fred	Frederick	MD	21701	240-245-7327	
3. Age	DOB	Gender	Ethnicity (check all that apply)				Other
28	1/11/1993	M	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	
4. Name of Facility Where Forensic Exam Performed				Address of Facility			
Frederick Memorial Hospital				400 W. 7th Street, Frederick MD 21701			
5. Patient Arrival		Patient Discharge		6. Exam Started		Exam Completed	
Date 7/4/21		Time 0532		Date 7/4/21		Time 1317	
7. Interpreter Used <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Language Used: _____ Telephone: _____					
Name of Interpreter: _____		Affiliation of Interpreter: <input type="checkbox"/> Facility Interpreting Services <input type="checkbox"/> Contracted Agency, specify: _____ <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Other, specify: _____					

B. MANDATORY SUSPICIOUS INJURY REPORT

1. Name of Person Making Mandated Telephone Report to Law Enforcement Agency	Date	Time	
2. Name of Person Taking Telephone Report	Name of Law Enforcement Agency	<input type="checkbox"/> Written Report Submitted	
Law Enforcement Officer	Name of Law Enforcement Agency	ID Number	
Law Enforcement Officer	Name of Law Enforcement Agency	ID Number	
Telephone	Date	Time	Case Number

C. PATIENT INFORMATION

1. I have been informed that victims of crime are eligible to submit crime victim compensation claims to the Maryland Victim Compensation Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation. (initials)

2. I have been informed about domestic violence advocacy services or a social services professional who can provide me with counseling and support. (initials)

D. PATIENT CONSENT

1. I understand that a forensic medical examination for evidence of domestic violence can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination.

2. I understand that collection of evidence may include audio/visual recordings and photographing injuries and that these photographs may include the genital area.

3. I hereby consent to a forensic medical examination for evidence of domestic violence.

4. I understand that data without patient identity from this report may be collected for health and forensic purposes, and provided to health authorities and other qualified persons with a valid educational or scientific interest.

Patient Parent Guardian Surrogate

Patient Name Alicia Popovich

Signature AMT

Date 7-4-21

Forensic Nurse Examiner Leanne

Signature Leanne

Date 7/4/21

Name Leanne Job NP

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Popovich, Alicia Marie
 Account # A08974276
 Medical Rec # M0853788
 Service/Admit Date
 Birthdate 03/11/1993
 F 26

ACB9774276

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

G. CURRENT ASSAULT HISTORY

1. Examination audio and/or videotaped
 Yes Audio Video

2. Name of person providing history Relationship to Patient
 pt

3. Date(s) of Assault Time/Time Frame of Assault
 7/4/21 0200

Patient Identification:

Date: 7/4/21

4. Describe Physical Surroundings of Assault

outdoors, on concrete, down alley

5. Patient Description of Assault

see other documentation

G. Assailant(s)

#1	Assailant's Name	DOB	Age	Gender	Ethnicity
	LM C...				
Relationship to Patient: (check all that apply)					
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cohabitation/Domestic Partner	<input type="checkbox"/> Dating Relationship	<input type="checkbox"/> Child Together		
<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Former Cohabitation/Domestic Partner	<input type="checkbox"/> Former Dating Relationship	<input type="checkbox"/> Other		
Current whereabouts: <input type="checkbox"/> Unknown <input type="checkbox"/> In Custody <input type="checkbox"/> Known Location					
#2	Assailant's Name	DOB	Age	Gender	Ethnicity
Relationship to Patient: (check all that apply)					
<input type="checkbox"/> Spouse	<input type="checkbox"/> Cohabitation/Domestic Partner	<input type="checkbox"/> Dating Relationship	<input type="checkbox"/> Child Together		
<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Former Cohabitation/Domestic Partner	<input type="checkbox"/> Former Dating Relationship	<input type="checkbox"/> Other		
Current whereabouts: <input type="checkbox"/> Unknown <input type="checkbox"/> In Custody <input type="checkbox"/> Known Location					

7. Methods employed by assailant(s) and circumstances

No	Yes	If yes:	
Weapons	<input type="checkbox"/>	<input type="checkbox"/> Fists <input type="checkbox"/> Knife <input type="checkbox"/> Blunt Object <input type="checkbox"/> Other	
Threatened?	<input type="checkbox"/>	Describe:	
Displayed?	<input type="checkbox"/>	Describe:	
Used?	<input type="checkbox"/>	Describe:	
Injures?	<input type="checkbox"/>	Describe:	
Physical blows	<input type="checkbox"/> by hands <input type="checkbox"/> by feet <input type="checkbox"/> by head <input type="checkbox"/> Other, describe:		
Grabbing	<input type="checkbox"/> Hitting <input type="checkbox"/> Pinching <input type="checkbox"/> Slapping <input type="checkbox"/> Punching <input type="checkbox"/> Other, describe:		
Hair pulling?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe:	
Physical restraint	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe:	
Strangulation			
	One Hand	Two Hands	Forearm
	Frontal Assault	Frontal Assault	Frontal Assault
	Rear Assault	Rear Assault	Rear Assault
Bites	<input type="checkbox"/> No <input type="checkbox"/> Yes	Yes, describe:	
Burns	<input type="checkbox"/> Thermal <input type="checkbox"/> Chemical <input type="checkbox"/> Other		
Threat(s) of harm	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, target of threat: <input type="checkbox"/> Patient <input type="checkbox"/> Children <input type="checkbox"/> Pets <input type="checkbox"/> Property <input type="checkbox"/> Other, describe:	To kill me

Describe what was said or done:

Sexual acts with assailant as part of this assault? No Unsure Yes If yes: Forced Coerced

Intentional use of alcohol/drugs No Yes If yes: Forced Coerced Suspected

If yes: Alcohol Drugs Describe:

8. Post assault hygiene

Bath/shower/wash Clothing change Other, describe:

g.v.c.

Clothes + police

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Popovich, Alicia Marie
 Account # A089774276
 Medical Rec # K0853788
 Service/Admit Date
 Birthdate 01/11/1993

P

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FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

H. CURRENT SYMPTOMS REPORTED BY PATIENT (check all that apply)

Symptoms	From This Event	From Past Event(s)
Neurological		
Headache	✓	
Dizziness	✓	
Memory/Concentration Problems	✓	
Lightheaded		
Visual Changes		
Hearing Changes		
Loss of Consciousness		
Numbness		
Weakness		
Other:		
Psychological		
Acute Anxiety		
Depression		
Suicide/attempt		
Homicide Ideation		
Other:		
Cardiorespiratory		
Voice Change	✓	
Coughing	✓	
Shortness of Breath		
Chest Pain		
Palpitations		
Other:		
Gastrointestinal		
Sore Throat	✓	
Difficulty Swallowing		
Nausea		
Vomiting		
Diarrhea		
Abdominal Pain		
Hematemesis		
Rectal Bleeding		
Rectal Pain		
Penis/Testicular Pain		
Other:		
Urogenital		
Pelvic Pain	✓	
Dysuria		
Vaginal Bleeding		
Vaginal Discharge		
Loss of bladder control		
Other:		
Musculoskeletal		
Extremity Pain		
Neck Pain		
Back Pain		
Deformity		
Other:		
Other:		
Note:		

Patient Identification:

Date: 7/4/12

1. PATIENT HISTORY

1. Disability No Yes
 If yes: Cognitive Physical Blind Deaf/HOH Mental

2. History of prior physical assault(s) with this assailant?
 No Yes If yes, past injuries to patient? No Yes, describe:

3. Prior history of forced or coerced sexual relations with this assailant? No Yes, describe:
 Approximate Date(s):

4. Has patient sought medical care for prior assault(s) by this assailant? No Yes
 If yes, name of facility:
 If yes, under what name(s)?
 If yes, approximate date(s):

5. Obstetrical History Pregnant? No Yes Unknown
 If yes, any possible problems related to current assault(s)?
 No Yes, describe:
 Any possible problems in past pregnancies related to past assault(s) by this assailant?
 No Yes, describe:

6. Name(s) of Children/Dependent Adults Living in Household	Present During Assault(s)			DOB or Age
	No	Yes	UNK	Gender
				M F
				M F
				M F
				M F
				M F

7. Voluntary Use of Alcohol/Drugs No Yes
 Any voluntary alcohol use within 12 hrs prior to assault? No Yes
 Any voluntary drug use within 96 hrs prior to assault? No Yes
 Any voluntary drug or alcohol use between time of assault and forensic exam?
 List drug(s) used:

8. Are there other ways the patient's life has been impacted by behaviors of this assailant?

see other documentation

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Popovich, Alicia Marie
 Account# A089774276
 Medical Rec# N0853788
 Service/Admit Date
 Birthdate 01/11/1993
 P 28

A089774276

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

J. GENERAL PHYSICAL EXAMINATION

1. Blood Pressure, Pulse, Respiration, Temp
 130/80 58 8 98.8

2. Describe general physical appearance:

In hospital gown, multi-branded *noted* *@ eye swelling* *shot*

3. Describe general demeanor:

Cooperative eye contact

Patient Identification:

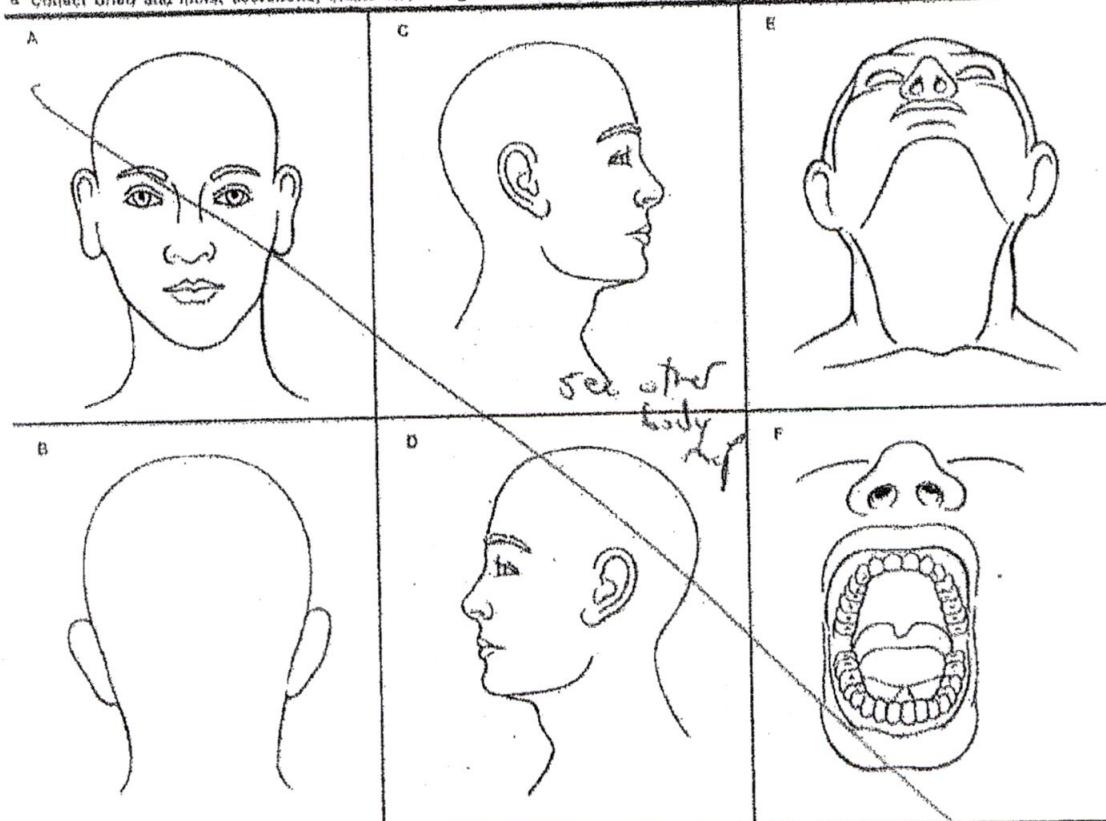
Date: 7/9/11

4. Describe condition of clothing upon arrival. Collect outer and under clothing if applicable. Not Applicable

In hospital gown, clothes collected by police

5. Examine the face, head, ears, hair, scalp, neck, and mouth for injury. Document findings using photographs, diagrams, legend, and consecutive numbering system.

6. Collect dried and moist secretions; stains and foreign materials from the scalp, head and neck.



LEGEND: Types of Findings Findings No Findings

Additional copies of this page attached

AB Abrasion	DS Dry Secretion	IN Induration	OI Other Injury (describe)	TA Tooth Avulsed
BI Bite	EC Ectymosis	IW Infected Wound	PI Petechiae	TD Tooth Decay
BU Burn	ER Erythema (redness)	LA Laceration	PS Potential Saliva	TF Tooth Fractured
BR Bruise/contus.	FB Foreign Body	MS Moist Secretion	SI Suction Injuries	TM Tooth Missing
CB Cohesive Swab	FIH Fiber/fibr.	OF Other Foreign Materials (describe)	SW Swelling	V/S Vegetation/Soil
DE Debris	FT Fractured/Torn		TE Tenderness	
DF Deformity				

Locator #	Type	Description	Locator #	Type	Description

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 Popovich, Alicia Marie
 Account# A089774276
 Medical Rec# M9853288
 Service/Admit Date
 Birthdate 03/11/1993
 P 28


 A089774276

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400 West 7th Street
 Frederick, MD 21701
 240-566-3300

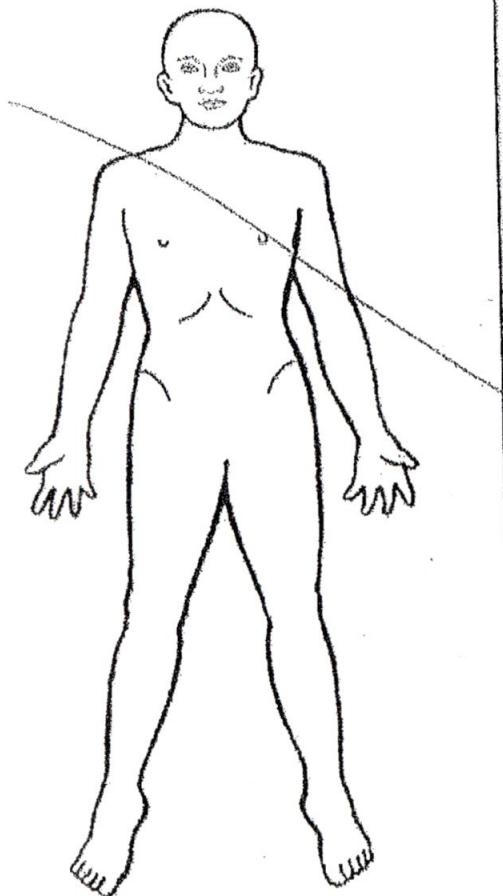
J. GENERAL PHYSICAL EXAMINATION (continued)

7. Conduct a physical examination of body and extremities. Record findings using photographs, diagrams, legend, and a consecutive numbering system.
 8. Collect dried and moist secretions, stains and foreign materials from body Findings No Findings
 9. Collect fingernail scrapings/swabbing according to local policy Done Not Applicable

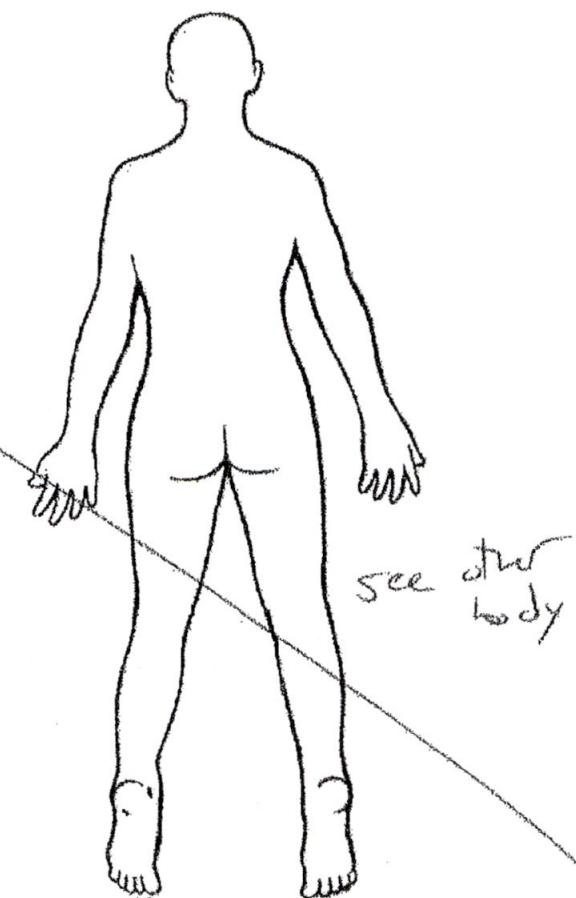
Patient Identification:

Date: 7/4/07

G



H



LEGEND: Types of Findings

Findings No Findings

Additional copies of this page attached

AB Abrasion

BI Bite

BR Bruise/contusion

BU Burn

CS Control Swab

DE Debris

DF Deformity

DS Dry Secretion

EC Ecchymosis

ER Erythema (redness)

FB Foreign Body

FH Fiber/Hair

IN Induration

IW Incised Wound

LA Laceration

MS Moist Secretion

OF Other Foreign Materials

(describe)

OI Other Injury (describe)

PE Petechiae

PS Potential Saliva

SI Suction Injuries

SW Swelling

TE Tenderness

VS Vegetation/Soil

Locator #	Type	Description	Locator #	Type	Description

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MR.DOMESTICV



Popovich, Alicia Marie
 Account# A089774276
 Medical Rec# M0893788
 Service/Admit Date
 Birthdate 01/11/1983
 F 28

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

J. GENERAL PHYSICAL EXAMINATION (continued)

10. Use diagrams I and J to record findings to lateral or medial aspect of trunk or extremities. Record findings.

11. If genital injuries sustained, use pages 6 and 7 from Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination form to document findings.

Any pages 6 & 7 attached? Yes No Not applicable

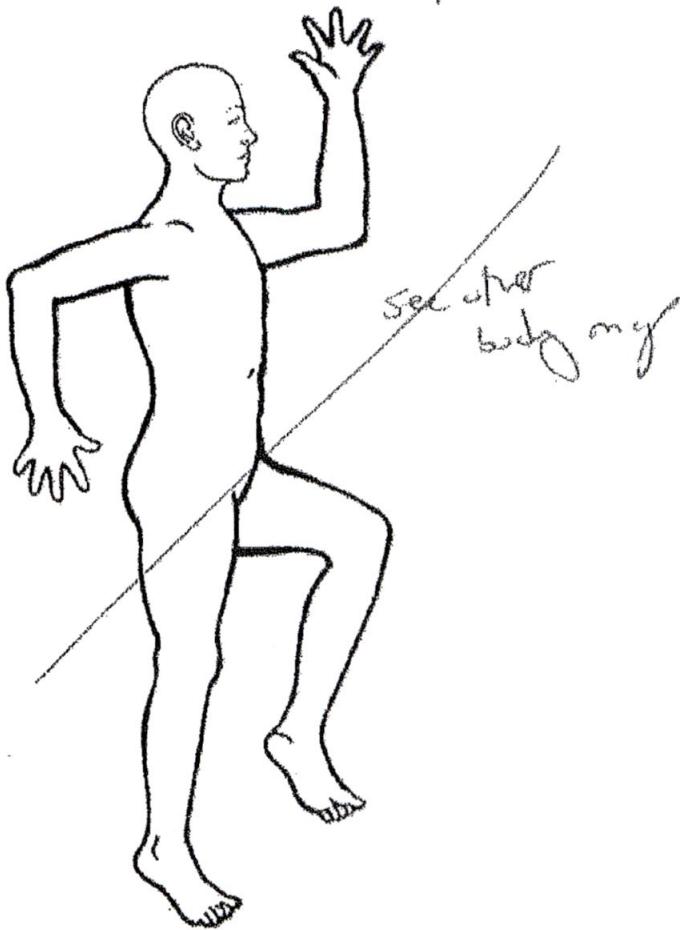
Patient Identification:

Date: 7/4/01

I



J



LEGEND: Types of Findings Findings No Findings

Additional copies of this page attached

AB Abrasion
 BI Bee
 BR Bruise/contusion
 BU Burn
 DE Debris
 DF Deformity

DS Dry Secretion
 EC Ecchymosis
 ER Erythema (redness)
 FB Foreign Body
 FH Fiber/Hair
 IN Induration

IW Incised Wound
 LA Laceration
 MS Moist Secretion
 OF Other Foreign Materials
 (describe)
 OI Other Injury (describe)

PE Petechiae
 PS Potential Suture
 SI Suction injuries
 SW Swelling
 TE Tenderness
 VS Vegetation/Soil

Locator #	Type	Description	Locator #	Type	Description
1	AB, SC, PA, BR	mt neck			

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Popovich, Alicia Marie
 Account# A089774276
 Medical Rec # M0853789
 Service/Admit Date:
 Birthdate 01/11/1993

F

28

A089774276

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400 West 7th Street
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K. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing Collected	Clothing Placed in Evidence Kit	Clothing Placed in Paper Bag
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Bra <input checked="" type="checkbox"/>		
Dress/skirt <input type="checkbox"/>		
Jacket/sweater <input type="checkbox"/>		
Nylons <input type="checkbox"/>		
Pants/shorts <input type="checkbox"/>		
Shirt/top <input type="checkbox"/>		
Shoes (1 or 2) <input type="checkbox"/>		
Socks (1 or 2) <input type="checkbox"/>		
Underwear <input type="checkbox"/>		
Undershirt <input type="checkbox"/>		
Other <input type="checkbox"/>		

2. Foreign Materials Collected

N/A	No	Yes	Collected by:
Swabs/suspected DNA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LJH
secretions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fiber/loose hairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Soil/debris/vegetation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Swabs/suspected subst	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Foreign body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fingernail scrapings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LJH
Control swabs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LJH
Other, describe:			

3. Laboratory Results

Additional	Find	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pregnancy	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	
Additional Lab:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify:	
4. X-Ray/Imaging Results	Additional <input type="checkbox"/> Find <input checked="" type="checkbox"/> No	

5. Toxicology Samples

N/A	No	Yes	Time	Collected by:
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

6. Reference Samples

N/A	Blood	Saliva	Buccal	DNA
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

7. Photo Documentation

No	Yes	Digital	Video	Other
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Photography by:

Recommend follow-up photographs to be taken in 1-2 days

No Yes Not applicable

8. Voice recording for strangulation injuries

No Yes If yes: Audio A/V

If yes, obtained by: Examiner Law Enforcement

I. SUMMARY OF KEY FINDINGS

multiple documented injuries

see body map, see other

documented

Patient Identification:

Date: 7/4/21

M. PERTINENT ISSUES AFFECTING EXAMINATION

swollen (6) eye with no open wound to eye with pain to right eye

liver

N. PERSONNEL INVOLVED

Name (print clearly)

History Taken by: A-Peter PNE A/P

Physical Exam performed by: A-Peter PNE A/P

Specimens labeled and sealed by: A-Peter PNE A/P

Assisted by: N/A

Additional narrative by: N/A

Signature of Examiner: L.J. H. PNE 7/4/21

O. EVIDENCE

Clothing items not placed in evidence kit)

Evidence Kit

Medical Forensic Record

Toxicology samples

Recordings: Audio A/V

P. DISPOSITION AND FOLLOW UP

Discharged Admit Follow Up Exam Scheduled

Cross Reporting to: CPS APS N/A

Referral to domestic violence advocacy services

Safety plan discussed with patient

Printed Name: Anne Pjet

Signature: L.J. H. PNE A/P

Agency: FHM





Popovich, Alicia Marie
Account# A009774276
Medical Rec# M0853768
Service/Admit Date
Birthdate 01/11/1993



FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

FORENSIC NURSE EXAMINER PHOTO RECORD

Photographer: A. Palmer PNE A/P Camera: carter - 70

Total Number of Photos: 95

NO.	SUBJECT AND REMARKS
1	ID
2-44	Face, neck, back
45-46	hands
47-473	legs
74- 85	buttocks
86-94	vagina
90-92	error
95-	error
/	



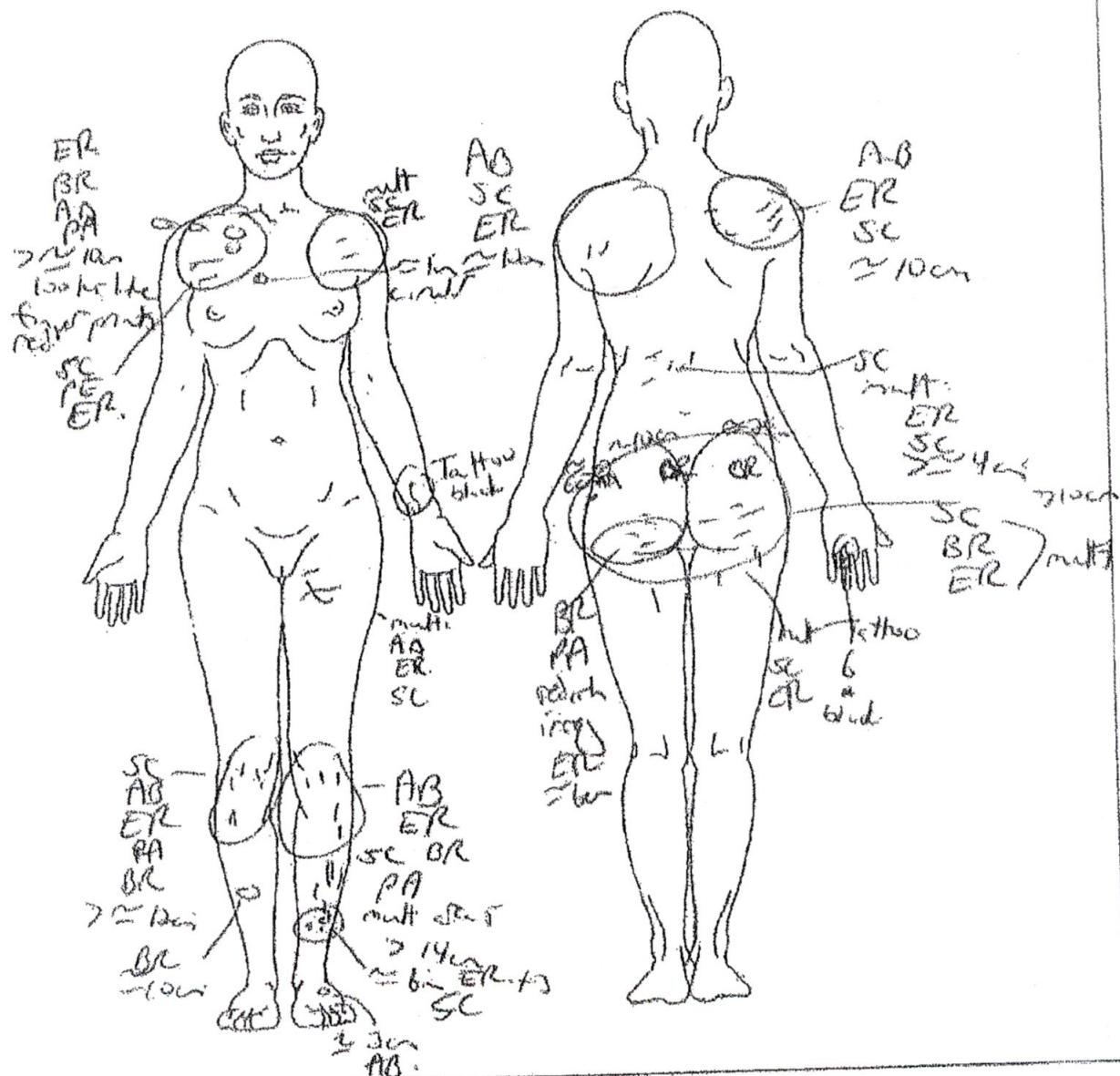
Popovich, Alicia Marie
Account # A089774276
Medical Rec # M0853708
Service/Adult Date
Birthdate 01/11/1993
P 28

A089774275

FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

FORENSIC NURSE EXAMINER PROGRAM
- ADULT ANATOMICAL FIGURES



TANNER LEVEL 1 2 3 4 5

EXAMINER'S NAME:

A. Palmer FNE AIP





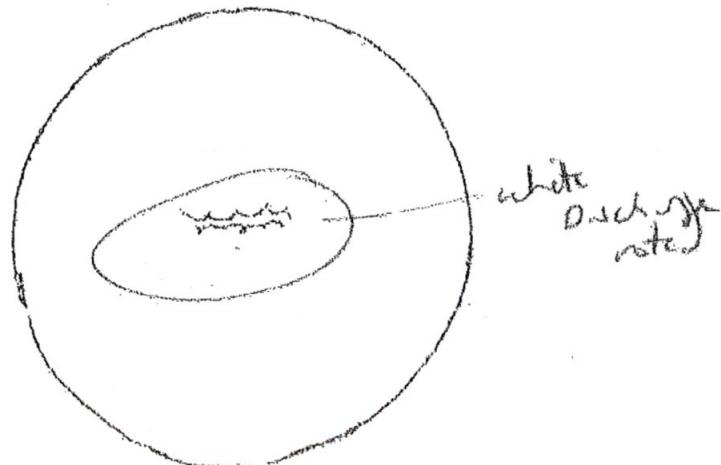
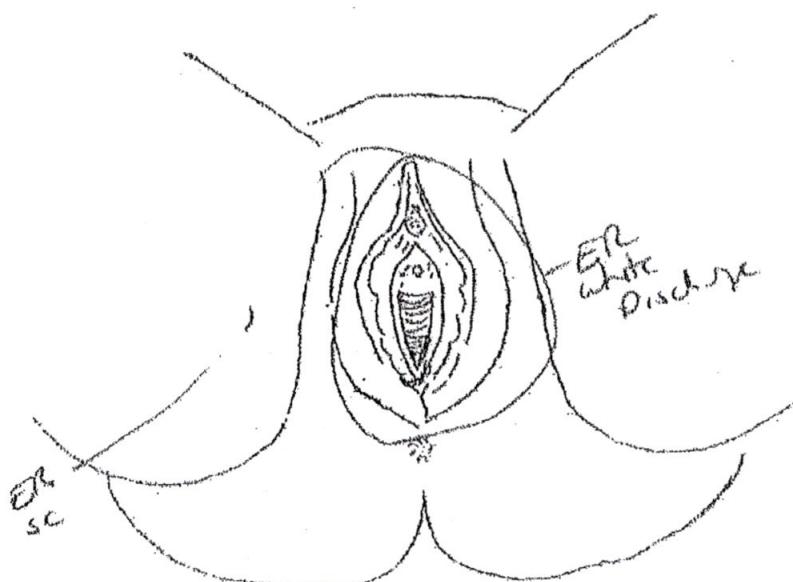
Popovich, Alicia Marie
Account # A089774276
Medical Rec # H0883788
Service/Admit Date
Birthdate 01/11/1993
P 29



FREDERICK HEALTH HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

FORENSIC NURSE EXAMINER PROGRAM
- ADULT ANATOMICAL FIGURES



TANNER LEVEL 1 2 3 4 5

EXAMINER'S NAME:

A. Palmer FNP AJP





Popovich, Alicia Marie
 Account #: AG89774276
 Medical Rec #: M08851788
 Service/Admit Date
 Birthdate 01/11/1992

F

X8



FREDERICK HEALTH HOSPITAL

400 West 7th Street
 Frederick, MD 21701
 240-566-3300

EVIDENCE COLLECTION CHECKLIST

Case # 21-49724

ITEM	COLLECTED?	Collected By
Exam Consent form Signed	YES NO N/A	/
FMH Examination Forms	YES NO N/A	/
Known Blood Sample	YES NO N/A	/
Oral Swabs (2)	YES NO N/A	/
Bite Mark / Licking Swab (2): From _____	YES NO N/A	—
Miscellaneous (2): From DNA neck	YES NO N/A	/
Miscellaneous (2): From DNA	YES NO N/A	/
Debris Collection: From _____	YES NO N/A	
Fingernail Swabs (2)	YES NO N/A	/
Pubic Hair Combing	YES NO N/A	/
External Genitalia Swabs (2)	YES NO N/A	/
First Vaginal Swab (1)	YES NO N/A	/
Anal / Perianal Swabs (2)	YES NO N/A	/
Vaginal / Cervical Swabs (3)	YES NO N/A	/
Urine for DFSA	YES NO N/A	—
Grey Top Blood Tube for DFSA	YES NO N/A	
Clothing Bag (item _____)	YES NO N/A	Police
Clothing Bag (item _____)	YES NO N/A	Police
Clothing Bag (item _____)	YES NO N/A	Cloth.
Clothing Bag (item _____)	YES NO N/A	—
Chart Copy - MSP Kit ***	YES NO N/A	/
Chart Copy - Police ***	YES NO N/A	/
Photo Memory Card or DVD	YES NO N/A	—
Photo Record (# pgs 1)	YES NO N/A	/
Other _____	YES NO N/A	
_____	YES NO N/A	
_____	YES NO N/A	
_____	YES NO N/A	
_____	YES NO N/A	

Printed Name: A. Palmer FWE AF Initials/Signature: L. L. Date 2/4/14 Time 5:14pm



Popovich, Alicia Marie

A089774276 M0853788
F
28 01/11/1993

Alicia

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
Frederick, MD 21701
240-566-3300

PROPERTY INVENTORY LIST/CHAIN OF CUSTODY

CASE NUMBER: 21-49724

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

1 Copy of chart
1 DVD with photos

Released By: Cheri Winkhouser DATE: 07/06/2021 Time: 1800
Title: RN PNC A/P

Released To: Cpl J. Joseph 517 DATE: 07/06/2021 Time: 1800
Department/Title: Frederick Police Dept Corporal

MR.SAFEPROP1086



FMH.1086 (10/20/2014)

Popovich,Alicia Marie
A089774276 M0853788
28 01/11/1093
Alicia

FREDERICK MEMORIAL HOSPITAL
400 West 7th Street
Frederick, MD 21701
240-566-3300

MEDICAL FORENSIC REPORT: SEXUAL ASSAULT EXAM - ADULT

A. GENERAL INFORMATION (print or type)

1. Name of patient Alicia Popovich				Case Number 21-49724
2. Address: 111 East South St Apt. 302		City Fred. Ind.	County MC	State IN
Telephone (W) 240-315-700/ (H)				
3. Age 28	DOB 1/1/1973	Gender M	Ethnicity C	Date/time of arrival 7/1/21 0530
				Date/time of discharge 7/1/21 8:13 AM

B. REPORTING AND AUTHORIZATION

Jurisdiction (city county other):

1. Telephone report made to law enforcement agency Name of Officer	Agency	ID Number	Telephone	Reported by: Name	Date	Time
Det. McKinney	PCPD					
2. Responding Officer	Agency	ID Number	Telephone			

3. I request a forensic medical examination for suspected sexual assault at public expense.

Law enforcement officer	ID number	Agency
Telephone	Date	Time
		Case Number

C. PATIENT INFORMATION

- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Compensation Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation.

D. HPI:

see attached document for

See attached.



Popovich, Alicia Marie

AA89774276 M0853788
F
28 01/11/1993

Alicia

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
Frederick, MD 21701

240-566-3300

E. PATIENT MEDICAL HISTORY

1. Name of person providing history: Relationship to patient:

2. Pertinent medical history:

• Last menstrual period: 6/15/94

• Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatments that may affect the interpretation of current physical findings? No Yes
If yes, describe:

• Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? No Yes
If yes, describe:

• Any pre-existing physical injuries? No Yes
If yes, describe:

3. Pertinent pre- and post-assault related history:

• Other intercourse within past 5 days?
If yes, anal (within past 5 days)? When _____
vaginal (within past 5 days)? When _____
oral (within past 24 hours)? When _____
If yes, did ejaculation occur?
If yes, where? _____
If yes, was a condom used? No Yes
• Any voluntary alcohol use within 12 hours prior to assault? No Yes
• Any voluntary drug use within 96 hours prior to assault? No Yes
• Any voluntary drug or alcohol use between the time of the assault and the forensic exam? No Yes
If yes, collection of toxicology samples is recommended according to local policy. Blood Urine

4. Post-assault hygiene/activity: Not applicable if over 12 hours

Urinated No Yes
Defecated No Yes
Genital or body wipes No Yes
If yes, describe: _____
Douched No Yes
If yes, with what _____
Removed/inserted tampon No Yes
Oral gargle/inse No Yes
Bath/shower/wash No Yes
Brushed teeth No Yes
Ate or drank No Yes
Changed clothing No Yes
If yes, describe: *same + pants*

5. Assault-related history: No Yes

Loss of memory? If yes, describe:

Lapse of consciousness? If yes, describe:

If yes, collection of toxicology samples is recommended according to local policy. Blood Urine *NA*

Vomited? If yes, describe: No Yes

Non-genital injury, pain and/or bleeding? No Yes

If yes, describe: *see other documentation*

Anal-genital injury, pain, and/or bleeding? No Yes

If yes, describe: *see other documentation*

F. ASSAULT HISTORY

1. Date of assault(s): *7/4/94* # of assault(s): *1*

2. Pertinent physical surroundings of assault(s): *out doors on concrete*

3. Alleged assailant(s) name(s)	Age	Gender	Ethnicity	Relationship to patient	
				Known	Unknown
1. <i>unknown</i>		<i>M F</i>	<i>Black</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.		<i>M F</i>		<input type="checkbox"/>	<input type="checkbox"/>
3.		<i>M F</i>		<input type="checkbox"/>	<input type="checkbox"/>
4.		<i>M F</i>		<input type="checkbox"/>	<input type="checkbox"/>

4. Methods employed by assailant(s):

No Yes If yes, describe:

Weapons No Yes
Threatened? No Yes
Injuries inflicted? No Yes
Type(s) of weapons No Yes

Physical blows No Yes

Grabbing/Holding/Pinching No Yes

Physical restraints No Yes

Choking/Strangulation No Yes

Burns (thermal and/or chemical) No Yes

Threat(s) of harm No Yes

Target(s) of threat(s) No Yes

Other methods No Yes

Involuntary Ingestion of alcohol/drugs No Yes Unsure

If yes, Alcohol Drugs
 Forcible Suspected

If yes, toxicology samples collected: Blood Urine None

5. Injuries inflicted upon the assailant(s) during assault? No Yes

If yes, describe injuries, possible locations on his body, and how they were inflicted.



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1. Penetration of vaginaby:

	No	Yes	Attempted	Unsure
Penis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Object	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe the object:

Describe:

multi. placed at pick in my mouth & vagina

2. Penetration of anusby:

	No	Yes	Attempted	Unsure
Penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe the object:

Describe:

*"A date"
Keep placing penis in my mouth & i*

3. Oral copulation of genitals:

	No	Yes	Attempted	Unsure
Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of assailant by patient	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe:

4. Oral copulation of anus:

	No	Yes	Attempted	Unsure
Of patient by assailant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of assailant by patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe:

5. Non-genital act(s):

	No	Yes	Attempted	Unsure
Licking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe:

6. Other act(s):

	No	Yes	Attempted	Unsure
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe:

7. Did ejaculation occur?

	No	Yes	Unsure
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Describe:

"I don't remember"

If yes, note location(s):

- Mouth
- Vagina
- Anus/Rectum
- Body surface
- On clothing
- On bedding
- Other

8. Contraceptive or lubricant products:

	No	Yes	Unsure
Foam used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jelly used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubricant used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condom used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe type/brand, if known:

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H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Blood Pressure Pulse Resp Temp 2. Date/time examination started
130/80 72 R/R 98° 7/4/21 0720

3. Describe general physical appearance 4. Describe general demeanor
multiplied by law enforcement
upset, tears etc
eye contact

5. Describe condition of clothing upon arrival.
Hospital gown, cloth collected by police

6. Collect outer and underclothing if indicated. Findings Not indicated

7. Conduct physical examination. Findings No Findings

8. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with an ALS.
 Findings No Findings

9. Collect fingernail swabbings according to local policy.

Patient identification

Diagram A

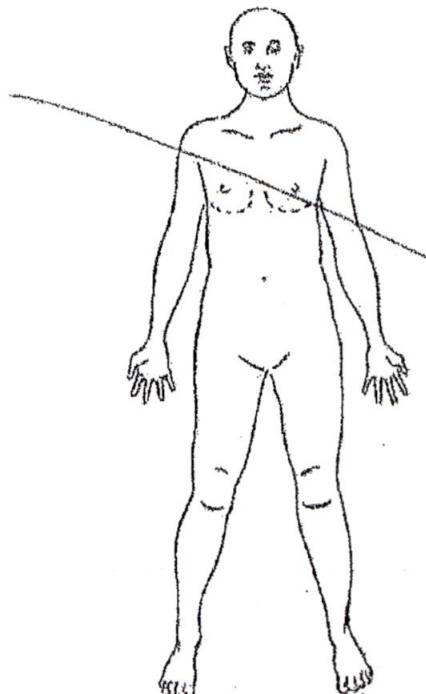
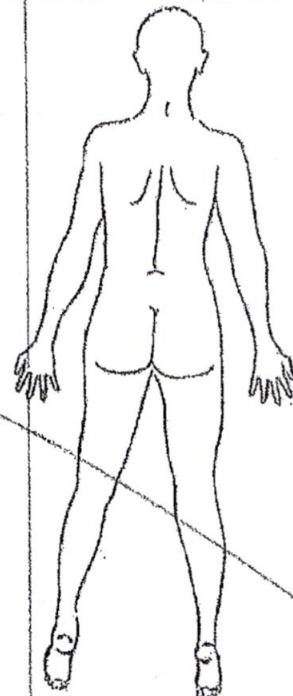


Diagram B



LEGEND: Types of Findings

AB	Abrasion	DF	Deformity	FB	Foreign Body	M8	Moist Secretion	PE	Petechiae	TB	Toxicine
BI	Bite	DS	Dry Secretion	IN	Induration	OF	Other Foreign	PS	Patent Saliva	TE	Bleeding
BU	Burn	EC	Ecchymosis	IW	Incised Wound	OF	Materias (describe)	SH	Spaniol Per History	TE	Tenderness
BR	Bruise/Cont.	ER	Erythema (redness)	LA	Laceration	OI	Other Injury (describe)	SI	Suction Injury	V/S	Vegetation/S
CS	Control	F/H	Fiber/Hair					SW	Swelling	ALS	oil
DE	Swab Culture										Alternate Light Source

Locator#	Type	Description	Locator#	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE B



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1. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the face, head, hair, scalp, and neck for injury and foreign materials. Findings No Findings
2. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck. Findings No Findings
3. Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.

Exam done: Not applicable Yes Findings No Findings

4. Collect 2 swabs from the oral cavity up to 12 hours post assault

Diagram C

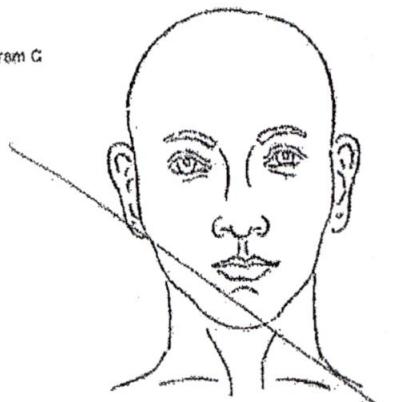


Diagram D

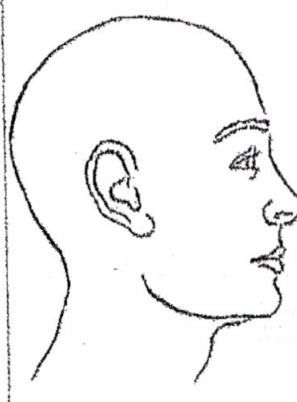


Diagram E

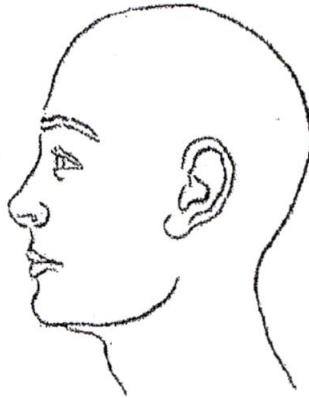
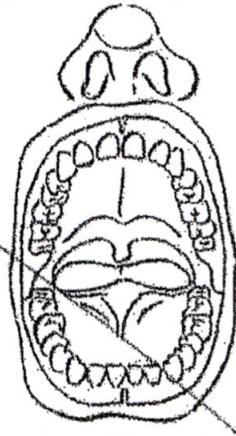


Diagram F



LEGEND: Types of Findings

AB	Abrasio	DF	Deformity	FB	Foreign Body	MS	Moist Secretion	PE	Periorbital	TB	Toluidine
BL	Blow	DS	Dry Secretion	IN	Induration	OF	Other Foreign	PS	Potential Saliva	TE	Blue-D.
BU	Burn	EC	Ecchymosis	IV	Induced Wound	OM	Materials (describe)	SH	Gangrene/Hist. S.	VE	Tenderness
BR	Bruise/Cont.	BR	Erythema (redness)	LA	Laceration	OI	Other Injury (describe)	SI	Section Injury	VS	Vegetation/S
CS	Contusion	PH	Fibrotic-Hist.					SV	Sweating	AL	Alternating
DE	Swish Debris										Light Source

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL SPECIMENS COLLECTED ON PAGE 8

MR.SAFE680



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J. GENITAL EXAMINATION - FEMALES

Record all features using diagrams, legend, and a consecutive numbering system.

	WNL	ABN	Description
Inner thighs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>abnormal</u>
Inguinal adenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<u>ECG Thigh</u>
Labia majora	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Labia</u>
Labia minora	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Labia</u>
Clitoral hood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Labia</u>
Perineum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Labia</u>
Perirectal tissue/urethral meatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Perirectal</u>
Perihymenal tissue (anesthia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Perihymenal</u>
Hymen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Perihymenal</u>
Suptent	<input type="checkbox"/>	<input type="checkbox"/>	
Prona	<input type="checkbox"/>	<input type="checkbox"/>	
Record morphology:			
<input type="checkbox"/> Annular			
<input type="checkbox"/> Crescentic			
<input type="checkbox"/> Inopportune			
<input type="checkbox"/> Septate			
Fossa navicularis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Fossa</u>
Posterior fourchette	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Posterior</u>
Vagina (pubertal adolescents)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Vagina</u>
Cervix (pubertal adolescents)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Cervix</u>
Discharge: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			<u>clear discharge</u>
If yes, describe:			

FOENTATIVES OF INDONESIA

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE (

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K. GENITAL EXAMINATION – MALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

No Findings

Inner thighs Glans penis Scrotum
 Perineum Penile shaft Testes
 Foreskin Urethral meatus

2. Circumcised: No Yes

3. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS. Findings No Findings

4. Collect public hair combing or brushing.

5. Collect pubic hair reference samples according to local policy.

6. Collect 2 penile swabs, if indicated by assault history. N/A

7. Collect 2 aeroanal swabs, if indicated by assault history. N/A

8. Examine the buttocks, anus, and rectum (if indicated by history)

Exam done: Yes Not applicable

Check the box(es) if there are assault related findings:

No Findings

Buttocks Anal verge/folds/rugas
 Perineal skin Rectum

9. Collect dried and moist secretions, stains, and foreign materials. Findings No Findings

10. Collect 2 anal and/or rectal swabs.

11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding. Not applicable

Rectal bleeding: No Yes

If yes, describe:

12. Exam position used:

Supine Other. Describe:

LEGEND: TYPES OF FINDINGS

AB Abrasion	EC Echymosis (bruise)	MS Mast Seepage	SI Suction Injury
BI Bite	ER Erythema (redness)	OP Other Foreign	SW Swelling
BR Bruise/Crav.			
BU Burn	FB Fibrous Tissue		
CS Central Swab	FB Foreign Body	OI Other Injury (Describe)	TB Toluidine Blue
DE Debris	IN Irritation	PE Polysacchar	TE Tenderness
DF Deformity	IW Incised Wound	PS Potential Saliva	VS Vegetation/Soil
DS Day Seepage	LA Laceration	SHX Sample Per History	ALS At. Lit. (?)

RECORD ALL SPECIMENS COLLECTED ON PAGE 8

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M. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit Other clothing placed in bags

2. Foreign materials collected

Swabs/suspected blood
Cried secretions
Fiber/Moose hairs
Vegetation
Soil/debris
Swabs/suspected semen
Swabs/suspected saliva
Swabs/+ALS area(s)
Control swabs
Fingernail swabs
Matted hair cuttings
Public hair combings/brushings
Intravaginal foreign body

Describe: _____

Other types: _____

If yes, describe: _____

3. Oral/genital/anal/rectal samples

	# Swabs	Time collected	Collected by:
Oral			
Vulvar			
Vestibular			
Vaginal			
Cervical			
Anal			
Rectal			
Penile			
Scrotal			

4. Vaginal wet mount slide

Slide prepared No Yes Time Examiner:

--	--	--	--

N. TOXICOLOGY SAMPLES

Blood alcohol/toxicology (gray top tube) No Yes Time Collected by:
Urine toxicology No Yes Time Collected by:

O. REFERENCE SAMPLES

Blood (lav top tube) No Yes Collected by:
Blood (yellow top tube) No Yes Collected by:
Blood Card (optional) No Yes Collected by:
Buccal swabs (optional) No Yes Collected by:
Saliva swabs No Yes Collected by:
Head hair No Yes Collected by:
Pubic Hair No Yes Collected by:

P. PHOTO DOCUMENTATION METHODS

No Yes Digital Macrolens Videocamera

Body No Yes Collected by:
Genitals No Yes Collected by:
Photographed by: A - Palmer PNE A//

Q. FINDINGS AND INTERPRETATION

1. Anal-Genital Findings
 Normal anal-genital exam
 Abnormal anal-genital exam
 Indeterminate anal-genital exam
 2. Assessment of Anal-Genital Findings
 Consistent with history
 Inconsistent with history
 Limited/Insufficient history
 3. Interpretation of Anal-Genital Findings
 Normal exam can neither confirm nor negate sexual abuse
 Non specific: may be caused by sexual abuse or other mechanisms
 Sexual abuse is highly suspected
 Definite evidence of sexual abuse and/or sexual contact
 4. Need further consultation/investigation
 5. Lab results or photo review pending (may alter assessment)
 6. Additional comments regarding findings, interpretations, and recommendations:
See observation

R. MEDICAL LAB TESTS PERFORMED

STI Cultures	GC	Chlamydia	Other	Describe:	Collected by:
Oral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Vestibular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vaginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cervical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Anal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Penile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Serology Syphilis HIV Hepatitis
Pregnancy test Blood Urine
Other test(s): _____

S. PRINT NAMES OF PERSONNEL INVOLVED

History taken by: *A. Palmer*Exam performed by: *A. Palmer*Specimens labeled and sealed by: *A. Palmer*Assisted by: *N/A*Signature of examiner *A. Palmer* Date *Feb 11/11*

T. EVIDENCE DISTRIBUTION

Clothing (item(s) not placed in evidence kit)

Evidence kit

Reference blood samples

Toxicology samples

U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: *See to t*

Print name and ID#: _____

Agency: _____

Date: *3/3/18* Telephone: _____

Patient: Alicia Marie Popovich
Acct. Num: A089774276
Med Rec. Num: H0853788
Location: HUR-Emergency Dept.
Primary Provider: Delauter, Daniel A
Date: 07/04/2021

Patient Signature Page

Patient Name: Alicia Marie Popovich
Guardian Name:

You were seen today for:

Assault

Your caregivers today were:

Primary Provider: Daniel A Delauter , CRNP
Nurse: LAC

The above-named patient and/or guardian has received the following

Patient Instructions:

Received with this packet on 07/04/2021 at 12:53
Follow-Up Instructions-Child Sexual/Abuse/Assault
HIV Testing Information Sheet

Activity Restrictions or Additional Instructions:

Please follow-up as directed by the safe nurse.

Return here for any new or worsening symptoms.

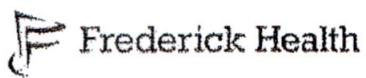
Follow-Ups:

Alicia Marie Popovich has been referred to the following clinics/specialists for follow-up care:

1. PCP Unknown Date:

Additional Documents Given:

Antibiotic Stewardship
Prescription Notifications
Other Instructions - ED



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Patient: Alicia Marie Popovich
Acct. Num: A009774276
Med Rec. Num: H0853788
Location: NIH-Emergency Dept
Primary Provider: Delauter, Daniel A
Date: 07/04/2021

Home Medications List
Discharge Care Plan
Tests Not Yet Complete

I have read and understand the instructions given to me by my caregivers.

Alicia Marie Popovich

Print Patient Name

A handwritten signature of Alicia Marie Popovich.

7-4-21 <1319

Date/Time

Patient (or Guardian) Signature

A handwritten signature of a caregiver.

7/4/21 <1317

Date/Time

Caregiver/RN/Doctor Signature

Printed on 07/04/2021 at 12:53